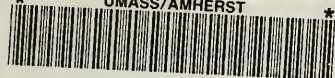



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THIRTEENTH ANNUAL REPORT
OF THE
STATE BOARD OF INSANITY
OF
The Commonwealth of Massachusetts
FOR THE
YEAR ENDING NOVEMBER 30, 1911.

With compliments of

The State Board of Insanity.

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THIRTEENTH ANNUAL REPORT

OF THE

STATE BOARD OF INSANITY

OF

The Commonwealth of Massachusetts

FOR THE

YEAR ENDING NOVEMBER 30, 1911.



BOSTON:

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THE STATE BOARD OF PUBLICATION.

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MEMBERS OF THE STATE BOARD OF INSANITY.

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WILLIAM F. WHITTEMORE,	BOSTON.
EDWARD W. TAYLOR, M.D.,	BOSTON.

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Secretary and Executive Officer.

LOWELL F. WENTWORTH, M.D.
Deputy Executive Officer.

ELMER E. SOUTHARD, M.D., <i>Pathologist.</i>	DANIEL H. FULLER, M.D., <i>Assistant to Executive Officer.</i>
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Medical Director of Family Care of Harmless Insane.

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Transportation Agents.

FRED A. HEWEY.

ELLA HEAL.

The Commonwealth of Massachusetts.

STATE HOUSE, BOSTON, May 25, 1912.

To His Excellency the Governor and the Honorable Council.

The undersigned, members of the State Board of Insanity, respectfully submit their thirteenth annual report, for the year ending Nov. 30, 1911, except on matters relating to general statistics, which cover the year ending September 30.

HERBERT B. HOWARD.

MICHAEL J. O'MEARA.

HENRY P. FIELD.

WM. F. WHITTEMORE.

EDWARD W. TAYLOR.

The Commonwealth of Massachusetts.

REPORT OF THE STATE BOARD OF INSANITY.

THE DUTIES OF THE BOARD.

The Board has supervision of the institutions, public and private, for the insane, feeble-minded, epileptic, inebriates, and drug habitués. It has the right of investigation and recommendation as to any matter relating thereto, but the local administration of each State institution is under the control of its own board of trustees, appointed by the Governor and Council.

The direct powers of the Board concern the interrelations of institutions and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other States and countries, claims to support as State charges in institutions, etc. The Board is required to review and express its opinion of all estimates for appropriations, both those for maintenance and special purposes, such as new buildings and improvements, and to approve the final plans and specifications for new buildings before their erection.

The Board has the power to investigate the question of the insanity and condition of any person restrained of his liberty by reason of alleged insanity, and to discharge any such person if, in its opinion, he is not insane, or can be cared for after such discharge without danger to others and with benefit to himself. It acts often as a board of appeal in the adjustment of differences and complaints.

REVIEW OF THE YEAR.

ALL CLASSES UNDER CARE.

The number and location of these classes Oct. 1, 1911, were:—

LOCATION.	Insane.	Feeble-minded.	Epileptic (Sane).	Inebriate.	Total.	Voluntary Mental (not Insane).	Temporary Care.	Other Classes.
Worcester State Hospital,	1,337	-	-	9	1,346	-	1	-
Taunton State Hospital,	973	-	-	4	977	1	1	-
Northampton State Hospital,	893	-	-	2	895	3	-	-
Danvers State Hospital,	1,444	-	-	2	1,446	-	-	-
Westborough State Hospital,	1,107	-	-	12	1,119	10	-	-
Boston State Hospital,	863	-	-	-	863	-	6	-
Mental wards, State Infirmary,	743	-	-	-	743	-	-	-
Other departments, State Infirmary,	-	68	-	-	68	-	-	-
Worcester State Asylum,	1,189	-	-	-	1,189	-	-	-
Medfield State Asylum,	1,730	-	-	-	1,730	-	-	-
Gardner State Colony,	674	-	-	-	674	-	-	-
Monson State Hospital,	384	-	467	-	851	-	-	-
Bridgewater State Hospital,	744	-	-	-	744	-	-	-
Foxborough State Hospital,	206	-	-	167	273	-	-	-
Family care,	298	-	-	-	298	-	-	-
Massachusetts School for the Feeble-minded at Waltham,	-	1,375	-	-	1,375	-	-	-
Wrentham State School,	-	267	-	-	267	-	-	-
McLean Hospital,	215	-	-	1	216	1	-	-
Twenty-three other private institutions,	114	-	-	-	114	12	-	48
Hospital Cottages for Children,	-	30	80	-	110	-	-	14
Elm Hill Private Home and School for the Feeble-minded,	-	53	-	-	53	-	-	-
Terrace Home School,	-	11	-	-	11	-	-	-
Almshouses,	-	230	-	-	230	-	-	-
Total under care,	12,914	2,034	547	197	15,692	27	8	62
Viz.:—								
Public care,	12,585	1,970	547	196	15,298	14	8	14
Institutions,	12,287	1,740	547	196	14,770	14	8	14
Family care,	298	-	-	-	298	-	-	-
Almshouses,	-	230	-	-	230	-	-	-
Private care,	329	64	-	1	394	13	-	48
McLean Hospital,	215	-	-	1	216	1	-	-
Twenty-five private institutions,	114	64	-	-	178	12	-	48

THE WHOLE NUMBER OF THESE CLASSES

under care Oct. 1, 1911, was 15,692, being 1 such person to every 218 of the estimated population of the State. Of this number, 12,914, or 82 per cent., were insane; 2,034, or 13 per cent., feeble-minded; 547, or 4 per cent., epileptic (sane); and 197, or 1 per cent., inebriates. Their increase for the year was 609. Of this number, 340, or 56 per cent., were insane; 188, or 31 per cent., feeble-minded; 30, or 5 per cent., epileptic (sane); and 51, or 8 per cent., inebriates.

The whole number of such persons under public care was 15,298; under private care, 394.

The whole number of such persons in public institutions was 14,770; their increase for the year, 548; their average annual increase for the last five years, 663.

THE INSANE

under care Oct. 1, 1911, numbered 12,914, being 1 insane person to every 266 of the estimated population of the State. In addition, there were 837 persons who were temporarily absent from institutions, and a considerable number of others in the community who had been previously discharged or had never appeared in institutions for the insane.

The insane appear under public care in public institutions and boarded out in family care, at public expense, and under private care in private institutions. Their number and increase in these locations for the year, the last five years, the last ten years and the last twenty-five years are shown as follows:—

	NUMBER OCT. 1, 1911.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.	Average Increase, Ten Years.	Average Increase, Twenty-five Years.
	Males.	Females.	Totals.	1911.	1910.	1909.	1908.	1907.			
Public institutions, .	6,158	6,129	12,287	308	489	499	789	876	492.2	390.7	340.68
Family care, . . .	14	284	298	23	34	31	31	10	2.6	18.1	10.56
Total, public, .	6,172	6,413	12,585	331	523	496	758	366	494.8	408.8	351.24
Private institutions, .	113	216	329	9	1	12	18	31	13.8	8.9	3.84
Total, public and private, . .	6,285	6,629	12,914	340	522	508	776	397	508.6	417.7	355.08

¹ Decrease.

THE INCREASE OF THE INSANE

under care for the year was 340, compared with 522 the previous year; 508, the average annual increase for the last five years; 417, the last ten years; and 355, the last twenty-five years.

The number of nonresident insane was 73, compared with 74 the previous year; and 68, the average number the last five

years. Of these, 61 were patients in private institutions; and 12, private patients in State hospitals.

It is the policy of the State not to receive into its institutions nonresidents, even as private patients, unless their friends are resident in Massachusetts and have just claims for such service.

THE INCREASE OF THE INSANE UNDER PUBLIC CARE was 331, compared with 523 the previous year; 494, the average annual increase for the last five years; 408, the last ten years; and 351, the last twenty-five years.

THE INCREASE OF THE INSANE UNDER PRIVATE CARE was 9, compared with a decrease of 1 the previous year; 13, the average annual increase for the last five years; 8, the last ten years; and 3, the last twenty-five years.

In addition to the insane, there were in private institutions 63 other patients, compared with 66 the previous year. Of these, 13 were sane voluntary mental patients, 48 voluntary nonmental patients and 1 inebriate. Two of these were in the McLean Hospital, where 27.83 per cent. of all patients were under the voluntary relation, without commitment as insane.

THE INCREASE OF THE INSANE IN FAMILY CARE was 23, compared with an increase of 34 the previous year; 2, the average annual increase for the last five years; 18, the last ten years; and 10, the last twenty-five years.

THE INCREASE OF THE INSANE IN PUBLIC INSTITUTIONS was 308, compared with 489 the previous year; 492, the average annual increase for the last five years; 390, the last ten years; and 340, the last twenty-five years.

ALL ADMISSIONS OF MENTAL PATIENTS

from the community, to public institutions and McLean Hospital, were 3,207, compared with 3,254 the previous year, and 3,154, the average the last five years. The decrease this year was 47, compared with an increase of 158 the previous year, and 127, the average increase the last five years.

They comprise court commitments as insane, voluntary admissions of the insane and voluntary admissions of mental patients who were classed as sane.

Court commitments as insane were 2,970, compared with 3,054 the previous year, and 2,960, the average the last five years. The decrease was 84, compared with an increase of 143 the previous year, and 85, the average increase the last five years.

Voluntary admissions of the insane were 206, compared with 162 the previous year. Public institutions received 131 such patients, of whom 20, or 15.26 per cent., required subsequent commitment. McLean Hospital received 75 such patients, of whom 6, or 8 per cent., required subsequent commitment.

Voluntary admissions of mental patients who were classed as sane were 31, compared with 38 the previous year. Public institutions received 24 such patients, and McLean Hospital, 7.

ALL VOLUNTARY ADMISSIONS

to public institutions and McLean Hospital were 237, compared with 200 the previous year, and 194, the average the last five years. The increase was 37, compared with an increase of 15 the previous year, and 22, the average increase the last five years. Public institutions received 155 such patients, compared with 133 the previous year, and 107, the average the last five years. McLean Hospital received 82 such patients, compared with 67 the previous year, and 87, the average the last five years.

EMERGENCY COMMITMENTS

numbered 48, a decrease of 39, compared with a decrease of 46 the previous year. Public institutions received 42, and McLean Hospital, 6. Forty-six were duly committed, and 2 were discharged within the five days' limit.

FIRST CASES OF INSANITY

appeared in public institutions and McLean Hospital to the number of 2,565, compared with 2,582 the previous year, and 2,500, the average the last five years. The decrease was 17, compared with an increase of 131 the previous year, and 97, the average increase the last five years.

Of all the commitments of the insane to these institutions (inclusive of insane voluntary patients), 80.76 per cent. appeared for the first time in any institution for the insane.

One insane person came under care for the first time from every 1,339 of the estimated population of the State, compared with 1,304 the previous year, and 1,325, the average from 1905 to 1910. The estimated increase in the population of the State for the year is 70,021; hence the growth of population would have accounted for an increase of 52 in the first cases of insanity. As shown above, there was an actual decrease of 17.

THE NATIVITY

of such first cases of insanity does not differ materially from the percentages of the previous year. Exclusive of 25, or .97 per cent., whose birthplaces were unknown, 1,004, or 39.53 per cent., were born in Massachusetts; 1,257, or 49.48 per cent., in New England; 1,406, or 55.35 per cent., in the United States; and 1,134, or 44.65 per cent., in foreign countries.

THEIR PARENTAGE

also corresponds substantially with the percentage of previous years. Exclusive of 149, or 5.81 per cent., whose birthplaces were unknown, 447, or 18.50 per cent., of the mothers were born in Massachusetts; 705, or 29.18 per cent., in New England; 827, or 34.23 per cent., in the United States; and 1,589, or 65.77 per cent., in foreign countries.

Exclusive of 140, or 5.45 per cent., whose birthplaces were unknown, 439, or 18.10 per cent., of the fathers were born in Massachusetts; 695, or 28.65 per cent., in New England; 805, or 33.19 per cent., in the United States; and 1,620, or 66.81 per cent., in foreign countries.

THEIR AGES

vary but little from the averages of previous years. The age of 60 or more had been reached by 497, or 19.44 per cent., when admitted for hospital treatment; by 399, or 16.57 per cent., when insanity began. The mean age was 43.16 years on admission; 42.21 years at the onset of mental disease.

THE LOCALITIES

where they resided at the time of commitment, and where insanity developed, in the main show that the country districts furnish relatively fewer cases of insanity than the more populous centers. The cities and towns of over 10,000 inhabitants comprise 74 per cent. of the total population of the State, and country districts only 26 per cent., whereas 2,085, or 81.29 per cent., of the commitments, were made from the former, and 480, or 19.29 per cent., from the latter.

THE CAUSES OF INSANITY

assigned by the physicians of the hospital were physical in 1,687, or 65.77 per cent.; mental in 196, or 7.64 per cent.; unknown in 681, or 26.54 per cent.; and not insane in .04 per cent.

Congenital causes were assigned in 9.74 per cent.; heredity alone in 7.09 per cent., with other causes, 14.15 per cent., making heredity a causative factor in 21.24 per cent.; alcoholic intemperance alone in 14.11 per cent., with other causes, 4.95 per cent., making alcohol a causative factor in 19.06 per cent.; senility in 9.90 per cent.; coarse brain lesions in 6.78 per cent.; and syphilis in 6.27 per cent. These six causes were operative in 72.99 per cent. of this year's first cases of insanity.

THE CURABILITY OF MENTAL DISEASE

in this year's first cases of insanity is practically the same as last year, and does not vary materially from the average.

The mental disease was classed as curable in 607, or 23.66 per cent., of first cases, compared with 22.42 per cent. the previous year, and 23.04 per cent., a five years' average. The out-

come in 3,983 such cases (a seven-year period) indicates an expectation of recovery in 1 out of 2.21 cases.

The mental disease was classed as generally incurable in 911, or 35.51 per cent. The outcome in 6,052 such cases (a seven-year period) indicates an expectation of recovery in 1 out of 29.52 cases.

The mental disease was classed as incurable in 925, or 36.06 per cent. The outcome in 6,126 such cases (a seven-year period) indicates an expectation of recovery in 1 out of 1,531 cases.

CERTAIN FORMS OF MENTAL DISEASE

occur with great frequency; manic-depressive insanity in 12.01 per cent. of this year's first cases of insanity and in 50.74 per cent. of the forms of mental disease classed as curable; and acute alcoholic insanity in 7.87 per cent. of first cases and in 33.27 per cent. of the forms classed as curable. These two forms comprised 19.88 per cent. of first cases, compared with 19.14 per cent. the previous year, and 19.51 per cent., a two years' average. They comprised 84.01 per cent. of forms of mental disease classed as curable, compared with 85.31 per cent. the previous year, and 84.66 per cent., a two years' average. They furnished 79.87 per cent. of first recoveries, compared with 69.38 per cent. the previous year, and 74.62 per cent., a two years' average.

In the groups classed as incurable and generally incurable, dementia præcox occurred in 23.08 per cent. of first cases; chronic alcoholic insanity in 4.17 per cent.; imbecility in 5.69 per cent.; senile insanity in 10.76 per cent.; epileptic insanity in 3 per cent.; general paralysis in 9.12 per cent.; and coarse brain lesions in 7.45 per cent. These seven forms, classed as practically incurable, comprised 63.27 per cent of first cases, and furnished 4.08 per cent. of first recoveries.

These nine forms of disease comprised 83.15 per cent. of this year's first cases of insanity, compared with 84.28 per cent. the previous year, and 83.71 per cent., a two years' average.

THE DURATION OF MENTAL DISEASE

previous to hospital treatment was less than three months in 913, or 38.17 per cent., of first cases, compared with an average of 38.26 per cent. the last two years; less than six months in 1,192, or 49.83 per cent., compared with an average of 49.58 per cent. the last two years; less than one year in 1,450, or 60.62 per cent., compared with an average of 60.75 per cent. for two years; and one year or more in 942, or 39.38 per cent., compared with an average of 39.25 per cent. for two years.

The significance of the previous duration of mental disease is evident from the fact that out of 1,882 first recoveries (a seven-year period), 71.14 per cent. had a previous duration less than three months; 83.31 per cent. less than six months; 91.29 per cent. less than one year; and only 8.71 per cent. one year or more; while the whole duration of insanity was less than three months in 26.62 per cent.; less than six months in 57.54 per cent.; less than one year in 76.47 per cent.; and one year or more in only 23.53 per cent. These percentages have been substantially constant for the last seven years.

DISCHARGES.

THE RESULTS OF MENTAL DISEASE

are shown in the condition of patients on discharge; 416 recovered, 310 were capable of self-support, 381 were improved, 298 not improved, and 10 not insane.

THE RECOVERY RATE

for the whole State was 13.47 per cent. of commitments, compared with 13.16 per cent the previous year, and 13.31 per cent., a two years' average.

The percentages of recoveries in public institutions and McLean Hospital were:—

Of commitments (inclusive of insane voluntary), . . .	13.10; last five years' average, 12.90
Of whole number of persons, . .	2.69; last five years' average, 2.82
Of daily average number, . . .	3.36; last five years' average, 3.56

There were 318 recoveries of first cases of insanity, being 12.40 per cent. of such, compared with 11.39 per cent. the previous year, and 11.89 per cent. the average the last four years.

There were discharged,

CAPABLE OF SELF-SUPPORT

from public institutions and McLean Hospital, 310, or 9.76 per cent. of the commitments, compared with 9.63 per cent. the previous year.

THE RESTORATION OF THE INSANE

for the whole State to self-support in the community includes both the recovered and those discharged capable of self-support. Together they numbered 774 this year. The percentages of both these classes in public institutions and McLean Hospital were: —

Of commitments (inclusive of insane voluntary), . . .	22.85; last five years' average, 22.57
Of whole number of persons, . .	4.69; last five years' average, 4.73
Of daily average number, . . .	5.86; last five years' average, 5.93

DEATHS.

THE DEATH-RATE OF THE INSANE

for the whole State during the year was 77.5 per thousand of the whole number of persons treated, compared with 78.7 the previous year, and 77.6, a two years' average.

The percentages of deaths in public institutions and McLean Hospital were: —

Of whole number of persons, . .	7.83; last three years' average, 7.93
Of daily average number, . . .	9.78; last three years' average, 9.91
Of discharges and deaths, . . .	46.11; last three years' average, 46.40

Mental disease classed as curable was present in 10.90 per cent. of persons who died, compared with 10.13 per cent. the previous year.

The percentage of deaths of first cases occurring within the first three months of hospital residence was 23.09, against 29.45 in 1909, 29.39 in 1908, 29.68 in 1907, and 28.52 in 1906.

Senile insanity was present in 22.46 per cent., general paraly-

sis in 16.76 per cent., and coarse brain lesions in 19.73 per cent.

These incurable brain conditions existed in 58.95 per cent., compared with 53.55 per cent. the previous year.

Tuberculosis was present in 8.34 per cent., compared with 9.46 per cent. the previous year.

Pneumonia (lobar, broncho and hypostatic) was present in 16.76 per cent., organic disease of the heart in 11.31 per cent., organic disease of the kidneys in 4.71 per cent., and malignant tumors in 2.39 per cent.

The statistical data on which the foregoing statements and conclusions are based are found in tables Nos. 19, 20 and 21 of the Appendix.

THE FEEBLE-MINDED.

THE WHOLE NUMBER OF THE FEEBLE-MINDED

under care Oct. 1, 1911, was 2,034, being 1 feeble-minded person to every 1,689 of the estimated population of the State. There were enumerated in the State census of 1905, 2,778 feeble-minded persons, of whom 1,287 were living in the community. This figure is far below the actual number in the State, an accurate enumeration of which is not possible.

The feeble-minded appear under public care in public institutions and almshouses, and under private care in private institutions. Their number and increase in these locations for the year and the last five years are shown as follows:—

	NUMBER OCT. 1, 1911.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1911.	1910.	1909.	1908.	1907.	
School for the Feeble-minded at Waltham,	813	562	1,375	22	48 ¹	118	98	92	56.4
Wrentham School,	155	112	267	53	172	7 ¹	10	—	45.6
Hospital Cottages for Children,	12	18	30	13	2	1 ¹	—	2	3.2
Almshouses,	134	96	230	31	17 ¹	23	5 ¹	35 ¹	16.6 ¹
State Infirmary,	32	36	68	68	—	—	—	—	13.6
Total, public,	1,146	824	1,970	187	109	133	103	59	118.2
Elm Hill,	40	13	53	—	5 ¹	—	1	3 ¹	1.4 ¹
Terrace Home School,	6	5	11	1	10	—	—	—	2.2
Total, public and private,	1,192	842	2,034	188	114	133	104	56	119.0

¹ Decrease.

THE INCREASE OF THE FEEBLE-MINDED

under care for the year was 188, compared with 114 the previous year, and 119, the average the last five years.

The number of nonresident feeble-minded was 75, compared with 74 the previous year. Of these, 37 were patients in private institutions; and 38, private patients in State institutions.

It is the policy of the State to receive feeble-minded persons from other States only when there is no school for the feeble-minded in such States, and then only in urgent cases. The non-resident patients are paid for at a rate which fully compensates the State for the cost of their maintenance.

The increase of the feeble-minded under public care was 187, compared with 109 the previous year, and 118.2, the average the last five years.

The increase of the feeble-minded in public institutions was 88, compared with 126 the previous year, and 105.2, the average the last five years.

The increase of the feeble-minded in the public institutions is in no sense an index of the increase of feeble-mindedness in the State. It is directly dependent upon the extent of public provision, inasmuch as there are hundreds of such children in urgent need of care who are now living in their homes and elsewhere in the community, but would appear in institutions if adequate accommodation were available for them. Their apparent rapid increase in recent years is due to the policy which the State has pursued, and still has need to continue, of progressively extending provision for this class.

While the need of additional provision for the feeble-minded is and has been very evident, and while it has been stated that at least 100 additional beds should be provided each year, the number granted has been much less than that, so that the State has not even kept up in this provision with the increase. It, therefore, is very clear to those interested in this class that unless extensive provisions are granted in the immediate future, the patients themselves, the local community and the State at large are bound to pay the penalty. It will be much more economical also to provide accommodations now, as this class is a menace to society and sure to procreate its kind, if at large

in the community, and its offspring also must later be cared for by society and the State.

The State Board is engaged in an enumeration of those who should receive immediate State care, and for whom there is no available room at the two present State schools, that the approximate number may be known and rapid provision be made for them.

THE EPILEPTIC.

THE WHOLE NUMBER OF THE EPILEPTIC

under care Oct. 1, 1911, was 1,353, being 1 epileptic to every 2,540 of the estimated population of the State. There were enumerated in the State census of 1905, 2,140 epileptics, of whom 1,016 were living in the community. This figure is probably far below the actual number in the State if an accurate enumeration could be made.

The epileptic appear under public care in the Monson State Hospital, the State hospitals and asylums, and other public institutions, and under private care in private institutions. Details will be found under the Monson State Hospital.

Their number and increase in these locations for the year and for the last five years are shown as follows:—

	NUMBER OCT. 1, 1911.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1911.	1910.	1909.	1908.	1907.	
Monson Hospital,	447	404	851	81	75	8	117	39	64.0
State hospitals and asylums,	223	157	380	61 ¹	—	45	14	1	.2 ¹
Other public institutions,	66	45	111	21 ¹	7	22	55 ¹	4 ¹	10.2 ¹
Total, public,	736	606	1,342	1 ¹	82	75	76	36	53.6
Private institutions,	5	6	11	3 ¹	—	2	2 ¹	2	.2 ¹
Total public and private,	741	612	1,353	4 ¹	82	77	74	38	53.4

¹ Decrease.

In addition, the overseers of the poor report (March 31, 1911) 27 epileptics in city and town almshouses.

THE DECREASE OF THE EPILEPTIC

under care for the year was 4, compared with an increase of 82 the previous year, and 53.4, the average the last five years.

The decrease of the epileptic under public care was 1, compared with an increase of 82 the previous year, and 53.6, the average the last five years.

The decrease under private care was 3.

It would be wise to continue the recent policy of progressive enlargement of accommodation for this class, especially for children. The experience of the Hospital Cottages for Children, where the average age at admission is about ten years, shows that about 1 in 10 recovers or ceases to have epileptic seizures for a considerable period, whereas adult epileptics have rarely recovered after their admission to the Monson State Hospital.

THE INEBRIATES.

THE WHOLE NUMBER OF INEBRIATES

under hospital care Oct. 1, 1911, was 197, being 1 inebriate to every 17,444 of the estimated population of the State. This number comprises only a very small fraction of the whole number of inebriates, there being some 20,000 commitments annually to penal institutions, and some 7,000 persons committed for the first time.

It is the intention to exclude from hospital care criminal inebriates and those who are not of good character and reputation, apart from habits of inebriety.

The State provides a special hospital for the treatment of male inebriates, but women are excluded therefrom, and continue to be committed as inebriates to State hospitals for the insane. The private institutions receive only a few such patients.

Their number and distribution in these locations Oct. 1, 1911. are shown as follows: —

	NUMBER OCT. 1, 1911.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1911.	1910.	1909.	1908.	1907.	
Foxborough Hospital, . . .	167	—	167	58	17	5	3 ¹	19 ¹	11.6
State hospitals,	—	29	29	6 ¹	5	6	9	7 ¹	1.4
Total, public,	167	29	196	52	22	11	6	26 ¹	13.0
Private institutions,	1	—	1	1 ¹	2 ¹	—	2	3 ¹	.8 ¹
Total, public and private, .	168	29	197	51	20	11	8	29 ¹	12.2

¹ Decrease.

THE INCREASE OF THE INEBRIATES

under hospital care was 51, compared with an increase of 20 the previous year, and an average increase of 12.2 the last five years.

The increase of inebriates under public care was 52, compared with an increase of 22 the previous year, and an average increase of 13 the last five years.

The number under private care shows little variation.

Further details in regard to inebriates will be found under Foxborough State Hospital and in Table No. 11 of the Appendix.

REPORT OF THE PATHOLOGIST.

To the State Board of Insanity.

As pathologist to the Board of Insanity, I wish to present herewith a report of work from Dec. 1, 1910, to Nov. 30, 1911, being my third report and the second to cover a full year's work. During the months of July to October, inclusive, I was granted leave of absence for the purpose of recovery from an infection received in an autopsy and during the latter part of this period visited many European institutions for the insane and several laboratories for the study of the nervous system, and attended, as delegate of His Excellency, congresses concerning alcoholism (The Hague), genetics (Paris) and criminal anthropology (Cologne).

The present report contains (1) a review of the work of the institutions, based on excerpts from the annual reports; (2) a report

of the work of special investigations as to the nature, causes, results and treatment of mental diseases and defects, authorized by chapter 688, Acts of 1911; and (3) a discussion of hospital records.

The duties of the pathologist to the Board, as defined by the terms of my appointment, May 1, 1909, consist of (1) supervision of the clinical, pathological and research work in the various institutions under the Board's general supervision; (2) visits to the institutions from time to time; and (3) reports to the Board, comprising conditions observed and such recommendations as result therefrom.

Although in a broad sense supervisor of the psychiatric and hygienic work of the institutions, the pathologist to the Board derives all his powers from the Board, and has the right of investigation, but no direct control of the medical work of the institutions.

The observations and recommendations of this report are based upon 16 visits to the various institutions, and upon numerous conferences with members of the several medical staffs.

The continuance of close personal relations with many officers in the different institutions has been of the greatest value to me, and I must again report the courtesy and still increasing interest of the officers.

THE PSYCHIATRIC AND HYGIENIC WORK OF THE INSTITUTIONS will be reviewed by means of excerpts from their annual reports.

Worcester State Hospital.

On the hygienic side, the superintendent states that "an important factor in preventing a more serious epidemic [of dysentery] was undoubtedly due to additional screening of windows, and to the efforts to prevent fly breeding." The pathologist, Dr. S. T. Orton, describes in detail large and effective fly-traps made for the stable-pit. Concerning dysentery, the pathologist writes:—

In spite of the noticeable reduction of the total number of flies about the institution in the early months of the summer, the total number of cases of bacillary dysentery was large. In the investigation of 1910 the fly was believed to be the chief factor (though not necessarily the only one) in the distribution of this infection. If these conclusions be correct, the cases of this summer suggest that while the pest was reduced it was still present in numbers sufficient to distribute the contagion. In 1910 there were 136 cases and 22 deaths. The statistics for 1911 cover a slightly longer period and show 99 cases, with 14 deaths. This yields a

morbidity percentage, calculated against the daily average population, of 9.9+ for 1910 and 7.2+ for 1911, and a mortality percentage, calculated against the number of cases of dysentery, of 16.1+ for 1910 and 14.1+ for 1911.

On the psychiatric side, Orton mentions (a) systematization of autopsy routine, (b) installation of new laboratory devices, and (c) studies of facial asymmetry.

One evening of each week has been assigned to a laboratory staff meeting, at which points of interest occurring in the course of routine microscopic examinations are demonstrated by means of lantern slides and micro-projection. At first this work undertook only the demonstration of specimens as they occurred in the regular autopsy series, but in order to render the points illustrated more readily appreciable the routine demonstrations have been supplanted for the time by a course of lectures and demonstrations on the gross anatomy, histology and histopathology of the central nervous system.

At the completion of this course the routine autopsy examinations will again be taken up for consideration, but it is planned to offer these only on alternate weekly meetings, while the intervening hours will be filled with lectures on general pathology in order to render the lesions encountered in the trunk organs more easy of interpretation.

A meeting of the pathologists of the various State hospitals was held in this laboratory in April of this year, and an organization formed to further a co-operative interchange of material and ideas.

Taunton State Hospital.

Both trustees and superintendent emphasize the attention given to occupation of patients. The pathologist, Dr. C. G. McGaffin, writes:—

In addition to the regular laboratory work, studies in heredity have been carried on throughout the year. Methods suggested by the Eugenics Record Office at Cold Spring Harbor, Long Island, N. Y., are followed, and we think we are making some advance in that most important subject. The pathologist has done some field work in certain cases, and the advantage of it is readily seen in the more complete histories thus obtainable. The making of pedigree charts has been begun, and we hope to do further work in this graphic history making.

During the year the following papers have been presented:—

“The Presentation of Family Pathographies,” at a meeting of the committee on epilepsy of the eugenics section of the American Breeders’ Association at Palmer, Mass., May 2 and 3, 1911.

"A Manic-depressive Family: A Study in Heredity," at the annual meeting of the American Medico-Psychological Association at Denver, Col., June 19-22, 1911. (This paper has been published in the October number of the "American Journal of Insanity.")

"The Charting of Heredity, with Special Reference to Dementia Præcox," at the September meeting of the New England Society of Psychiatry, Waverley, Mass., Sept. 28, 1911.

Northampton State Hospital.

It is proposed to install a pathologist as soon as a suitable person can be found.

The superintendent discusses:—

(a) Duties of an institution in prevention and after care.

(b) The plan of free advice by the superintendent to persons proposing to come as voluntary patients, and to the friends and relatives of insane and the possibly insane.

(c) The installation of a social service department in charge of a physician, who visits patients in family care and on trial visit, investigates home conditions, and studies in the field the causes of mental breakdown of recently committed patients.

(d) The long history of occupation-therapy and the training of attendants and nurses in arts and crafts.

Danvers State Hospital.

The superintendent's report contains many important features, which may be listed as follows:—

(a) A remarkable *increase of parole patients* (171 on Nov. 30, 1911, as against 46 average Nov. 30, 1908-10) in accordance with the spirit of the "boarding-out" theory.

(b) *Reduction in intestinal diseases* in patients and attendants by pasteurization of milk supply, stringent measures against flies and other sanitary measures.

(c) Recommendation of an *increase in the number of ward physicians*.

With an increased number, better work could be performed, and with more time from purely routine work, each member of the staff should be expected to produce some original work or observations each year. Such activity is most desirable in developing a worthy medical spirit in the hospital, and should be encouraged if not demanded. Productions of this character might or might not be valuable to the medical profession, but they would surely aid in the development of the physician who made them, and react favorably upon other staff assistants

and the hospital work. Continuous overwork in performance of daily routine may be good for the individual in acquiring habits of industry, but it does not make for the best development of either the hospital physician or service.

(d) Conclusion that field workers in eugenics can aid in after care.

(e) *Scotching of a diphtheria epidemic* by continuation of laboratory and ward work.

One woman patient was admitted to the hospital and died in a few days, without having presented any clinical symptoms of diphtheria. On autopsy diphtheritic membrane was found in the larynx. Guinea pigs injected with the organism died in twenty-four hours, and a pure culture of diphtheria bacilli was obtained from them. Measures adequate to prevent spreading of the disease, beyond the infection of two nurses who attended the patient, were adopted. Thus a possible epidemic was prevented by the recognition of the disease at autopsy, and by the combined activity of laboratory and ward physicians. This episode, with some facts concerning diphtheria bacilli carriers remaining on the wards from the epidemic of over a year ago, will be made the subject of a medical contribution by the pathologist at an early date.

(f) Increase of industrial work by patients (report of Mr. Groves, steward).

Report of the Danvers Laboratory. — In the laboratory the usual routine examinations and autopsies have been performed.

There were 86 autopsies, or 41.5 per cent. of the deaths. Much routine bacteriological work has been done. Particular attention has been paid to evidences of faulty development as indicated by physical asymmetries. A long series of brains have been preserved for photographing and study by Dr. E. E. Southard, who has begun this work.

In addition to routine work, Dr. Adler, the hospital pathologist, has been conducting investigations into intermediary metabolism of fats, and the causes underlying neurolytic processes. In the course of these investigations information has been obtained in regard to the production of anemias of various types, and of the significance of the atrophic condition of the lymphoid apparatus in the insane. This work is summed up in various publications, of which these have appeared:—

Facial Asymmetry in relation to Dementia Præcox. Dr. H. M. Adler. Proceedings of the New England Society of Psychiatry.

A Note on Oxyphilic Granulation. Dr. H. M. Adler. Proceedings of the Society of Experimental Biology and Medicine, February, 1911.

Experimental Pernicious Anemia. Dr. H. M. Adler. Proceedings of the Society of Experimental Biology and Medicine, October, 1911

A list of papers read at medical societies or elsewhere by the staff follows:—

Predisposition in Dementia Præcox. Dr. H. M. Swift. New England Society for Psychiatry.

Alcoholic Psychoses. Dr. H. W. Mitchell. East Middlesex Medical Society.

Prognosis in Dementia Præcox. Drs. A. W. Stearns and H. W. Mitchell. New England Society for Psychiatry.

I am of the opinion that an enlargement of the laboratory is desirable for the continuance of the various lines of work now going on.

Westborough State Hospital.

Extract from report of the pathologist, Dr. S. C. Fuller:—

During the year 1,498 clinicopathological examinations were made, including blood counts, widal reactions, Nogouchi serum diagnosis for syphilis, Von Pirquet skin test for tuberculosis, bacterial cultures and smears from infected wounds, tissues from operations, analyses of stomach contents, examination of sputa, urinalyses, and preparation of bacterial vaccines. Forty-six autopsies were performed and upward of 3,000 slides have been prepared from these autopsies. Our brain tumor collection and aphasic material have been enriched during the year, and the autopsies have also furnished material of great interest, among which was the post-mortem upon a case of so-called Alzheimer's disease, which, so far as we have been able to determine, is the eighth to be recorded.

Three papers have been prepared for scientific societies, one in collaboration with Dr. H. I. Klopp. One paper was published in the "American Journal of Insanity" for October, 1911, and another has been accepted for publication by the "Journal of Nervous and Mental Disease."

The members of the hospital staff have co-operated to a great degree in making the laboratory a useful department of the hospital organization.

Of general interest in the superintendent's report are the following points:—

(a) Belief that mechanical restraint is humane and desirable "in the acute case where the neutral baths, hot packs and medical treatment have failed to relieve, and the excitement is leading to exhaustion."

(b) Practical abolition of non-restraint on chronic wards by employment of additional attendants, with a resultant "more frequent occurrence of minor assaults."

(c) Continued efforts to induce all able-bodied patients to work.

(d) Typhoid vaccination of 103 officers.

(e) Emphasis on value of separation of recent from old cases.

(f) Harmfulness of the *name* dementia præcox.

(g) Value of continued medical treatment. "Before any recent case is given up, thyroid is given for a considerable period."

Boston State Hospital.

The superintendent speaks of:—

(a) The introduction of the Kraepelin diagnostic headings as modified by Meyer.

(b) Co-operation of laboratory and clinical staff.

(c) Bacteriological tests of milk and of material disinfected by various commercial disinfectants as carried out by the laboratory.

(d) Introduction of a field worker in eugenics, and the value of the data secured in after-care work.

(e) Desirability of "the establishment of an after-care and social service department as an integral part of the hospital organization."

(f) Industrial and outdoor occupation of practically all patients, except the aged, infirm, bedridden and violent.

The pathologist reports:—

(a) An epidemic of paratyphoid fever.

(b) Installation of an assistant.

(c) Autopsies, 50, in 34 per cent. of deaths.

(d) Examination of 692 clinicopathological specimens.

(e) Special attention to bacteriological problems.

State Infirmary.

Plans for a laboratory have been made. Aside from the benefit to medicine at large, and the more exact diagnosis of the general medical cases of the institution, there will accrue from this laboratory important correlations between the findings in the insane and the sane, studied in life and after death with like standards.

From his personal experience, the writer can say that his work as pathologist in a general hospital has been of the utmost importance to him in the interpretation of autopsy findings in insane hospital material; here at Tewksbury the pathologist can pursue parallel studies of both sane and insane cases both clinicopathologi-

cally and after death. The data thus obtained might be developed into a unique comparative collection from which important inductions must accrue. The opportunity is unexcelled in this State or others. The development of the laboratory work, and the publication of new observations based thereon or inspired thereby, will draw a greater selection of good internes and assistants. The specialization of work will permit the detailing of specially talented men on special problems, and the seniority rule of promotion can be circumvented in precisely the way in which it should be circumvented, viz., to provide for unusual excellence. The *lot of the insane* will be sure to benefit both practically and theoretically if the State Infirmity should frankly add to its scope the aim of being an investigation station for *general medical research*.

In this connection the following quotation from the 1910 report of the State Board of Charity is in point: —

The Board of Charity's *first* principal recommendation is "*material increase in pathological work at the State Infirmity.*" The Board recommends that the State hospitals place more emphasis upon pathological research. It would of course be inadvisable for the State to enter upon investigations as frequently carried on in university medical schools, or in institutes for medical research, — foundations which can use private funds for work which may or may not yield positive results. The state, on the other hand, can and should undertake the testing of definite hypotheses as to diagnosis and treatment, the securing of answers to important and well-defined questions concerning the diseases of individuals, and of statistical data which will bear upon the diagnosis and treatment of future patients.

Massachusetts is not deriving the benefit it should from the opportunity for medical research afforded by its State hospitals. The clinical and laboratory work of a hospital must be so closely associated, in order to give scientific individual treatment, that the public will naturally look to these institutions, not only for efficient care of their patients, but for some contribution to science. Thus, with four hospitals, all treating tuberculosis, Massachusetts ought to be adding steadily to the understanding of that disease.

The fifth State hospital, that at Tewksbury, affords a scope for research such as would seldom be met with throughout the country. This institution treats every disease except leprosy, taking annually between five and six thousand sick persons under its care. The opportunity is worthy the mettle of our best scientists. The State Infirmity is a hospital that might, and in time should, have an eminent department of pathology. Such a development, of course, would require first-rate laboratory equipment and numerous autopsies. Laboratory equipment is expensive, and might be a gradual growth.

In addition to the study of individual sickness, the State Infirmary offers a field for getting at general causes of disease, and for devising methods of prevention through public hygiene. A State hospital should afford a public health laboratory which would serve as the clearing-house for data from an entire State.

Between medical practice and medical science there is no fundamental opposition of interest. Aggressive scientific work in the laboratory would detract nothing from the present good care of patients, and would give the doctors in the State hospitals an added inspiration in their practical work.

Monson State Hospital.

The trustees' report says:—

The special research work, begun by Dr. Annie E. Taft, has been carried to completion during the past year by Mr. L. B. Alford, who has in addition turned his attention to certain collateral questions with most valuable and interesting results. The investigations which have been carried on by Dr. Taft and Mr. Alford have been of much importance, and have apparently settled some debatable questions.

Miss Danielson, the field worker, has accomplished much important investigation into heredity and kindred subjects. Many valuable records have been obtained and filed. It seems advisable that this work should be continued, and the Board is now considering the possibility of doing this.

In May a meeting of the department of eugenics of the American Breeders' Association was held at the hospital, and in July the Hampden District Medical Society met there. Classes from Amherst College and from Clark University have visited the hospital with their instructors to see and study the conditions.

The superintendent writes concerning social and eugenic workers as follows:—

1. Purpose, to secure basis for social work: (*a*) for wise legislation in regard to defectives; (*b*) for education of public to prevent unfit matings; (*c*) to prevent the economic waste involved in caring for defectives and their offspring; (*d*) to prevent the increase of epileptic, feeble-minded and insane; (*e*) to finally eradicate epileptic, feeble-minded and insane, or control them, as has been done with smallpox and tuberculosis.

2. This basis secured by study of heredity in man: (*a*) we have knowledge of probabilities in breeding cattle and corn; (*b*) breeding of human race has been neglected; (*c*) in forming scientific theories the method is to secure data of individual cases, then discover the laws which they follow; (*d*) field worker investigates problems connected with special patients and their families. Results are charted and descriptions of individuals written.

3. The social work is incidental, but important: (a) establishes pleasant relations between family and institution; (b) keeps institution in touch with discharged patients; (c) useful information as to advisability of patient returning home; (d) may relieve cases of distress by reporting them to proper authorities.

4. Eugenics worker *v.* social worker: (a) social worker is working for general good by relieving individual cases; (b) eugenics worker is seeking to cut off supply of individuals not capable of caring for themselves.

5. To bring the hospital and its management into closer touch with friends and relatives of the patient, to the advantage of both; also to remedy, if possible, defects in the home surroundings of the patient.

6. By field workers who could at the same time bring back valuable data for records.

7. Accurate histories and a knowledge of the home surroundings of the patient. The field worker, when in the neighborhood, could call on relatives of the patient, thus keeping in touch with conditions, and in time supplying us with exact data in relation to heredity.

8. An idea that the hospital is really taking an interest in the patients.

9. (a) Case histories; (b) general progress of patient towards recovery and many other matters; (c) general supervision.

10. In the case of the boarded out, the social worker is well equipped to keep supervision of the case, and in other cases may well help to keep the family informed as to the progress of the case in the hospital.

11. The tendency to sterility has only become manifest after an endless amount of mischief has been done. The acquirement of venereal diseases, and their dissemination among persons of naturally better condition, have been marked features.

McLean Hospital.

Laboratories. — Work in the clinicopathological department has been carried on in accordance with the aims noted last year. After a variable period of residence, new cases are taken up in the weekly staff conference and discussed as to the diagnosis, prognosis, treatment and any points of special scientific or other interest.

In the pathological laboratory but little has been done except the routine work on the blood. The material from one autopsy, a case simulating general paralysis, is being worked up, and already shows some unusual features.

No work was done in the psychological laboratory for the first six months of the calendar year.

In the chemical laboratory work has been continued on the determination of alkylamines in body fluids. As there is a tendency to make

wider use of physico-chemical methods in biological research, this line has been adopted in working out a method for the determination of the surface tension of liquids.

The following papers have been published during the year:—

Meyer's Theory of the Psychogenic Origin of Dementia Præcox. A Criticism. Dr. Abbott. American Journal of Insanity.

Common Salt and Fluid Retention. A Clinical Example. Dr. Bond. Boston Medical and Surgical Journal.

Practice Effects in Free Association. Dr. Wells. American Journal of Psychology.

On Certain Electrical Processes in the Human Body and their Relation to Emotional Reactions. Wells & Forbes. Archives of Psychology.

A Preliminary Note on the Categories of Association Reactions. Dr. Wells. Psychological Review.

Ueber die Sexuelle Konstitution Und andere Sexual-probleme. Review. Dr. Wells. American Journal of Insanity.

Some Properties of the Free Association Time. Dr. Wells. Psychological Review.

Fatigue. Dr. Wells. Psychological Bulletin.

On the Determination of Alkylamines obtained from Urine after Kjeldahl Digestion. Mr. Erdmann. Journal of Biological Chemistry.

The Library of McLean Hospital, 1911. Miss Jones. Privately printed.

Libraries for the Patients in Hospitals for the Insane. Miss Jones. American Journal of Insanity.

Massachusetts School for the Feeble-minded.

The general educational service of this institution is evident from the following extract from Dr. W. E. Fernald's report:—

During the year 33 clinics and clinical lectures have been given at the school to classes of medical students, students from colleges and normal schools, social workers, etc.

For many years we have practically conducted an out-patient department, where indigent feeble-minded persons are brought for examination, diagnosis and advice as to treatment. This gratuitous out-patient work has increased very much during the past year. Many doubtful cases are sent here for diagnosis by physicians, charitable societies, social workers, the State Board of Charity, etc. On a recent Thursday, our out-patient day, 11 cases were presented for examination and advice.

With respect to the scientific status of feeble-mindedness, the writer feels that the most interesting fields so far developed, viz., (a) the development of educational methods for the feeble-minded, with the somewhat neglected contributions thus made to the method of pedagogy at large, (b) the increase of knowledge of hereditary

strains in feeble-mindedness, pursued so intensively at Vineland, N. J., and under the Eugenics Record Office in Long Island, N. Y., (c) the application of the Binet-Simon tests in numerous clinics, should be supplemented by anatomical and histological studies of selected cases. The older work of Hammarberg remains classical; but so much more can now be done in the light of the recent studies of cerebral topography (Campbell, Brodman) that the time seems more than usually opportune for Massachusetts to push this work. How far "Binet-age" corresponds with brain appearances, and how far degrees of educability in the feeble-minded may be found to correspond with brain appearances, the future alone can tell. Orton at Worcester has important studies under way in this direction on the histological side, and Dr. Taft and the writer are busy with gross studies of a large collection of the brains of insane and epileptics, in which the imbecility problem often emerges, on account of the not infrequent commitment of feeble-minded as insane and the frequent association of feeble-mindedness and epilepsy.

SPECIAL INVESTIGATIONS.

The investigations planned and begun under the provision of paragraph 7, section 7 of chapter 688, Acts of 1911, are comprehensive, and, although to a large degree complete as they stand, logically require, in the opinion of your pathologist, a similar appropriation for the coming year. Owing to the time limitation under which your pathologist had to work during 1911, the work done was largely statistical; but, in addition to the statistical data, an important mass of anatomical brain data, with permanent photographic record, has been put in such shape as to permit speedy classification and report (deposited for the present in the laboratories of the Danvers and Boston State hospitals). No less than twelve persons have been employed in various capacities under the act, among them four physicians, three photographers and two clerks, as a rule working on part time, as the exigencies of the investigation demanded.

Following is a summary of the chief results of the investigation:—

Encephalitis and mental disease and defects (investigation by Dr. W. P. Lucas, physician for diseases of children at Boston Dispensary and instructor in pediatrics, Harvard Medical School, and Dr. E. E. Southard.

The first paper is in press: "Convulsive Tendencies during and after Encephalitis in Children."

This work couples certain cases of *epilepsy and imbecility with acute diseases of the nervous system* from which the children had apparently made recovery. These acute diseases have been shown by this work to be in part identical with poliomyelitis, which has prevailed in our State during the last few years in epidemic form. The effect will be to bring together the interests of children's clinics with those of institutions for chronic conditions, for the purpose of co-operation. It is evident that these *apparently recovered children* should be followed after their discharge from children's clinics, with prophylaxis in mind. The work *suggests*, but perhaps does not strictly prove, *that some cases of epilepsy and feeble-mindedness are not hereditary*.

The statistics have been gathered, but not worked up finally, for a study of *the significance of convulsions in children*.

The extremely important questions of prognosis from convulsions have been clouded by a difference of opinion between epileptologists, who attach from their angle much importance to early convulsions, and pediatricians, who look on early convulsions as often of little significance. The truth lies between, but perhaps leans toward that of the epileptologists. Our data will shortly be printed.

Statistics toward a study of *nervous diseases of children and their bearing on later mental defect* have been gathered on sheets, based on a study of the data of the Boston City Hospital and the Massachusetts General Hospital, kindly placed at my disposal by the directors of these laboratories. This analysis was begun before the present investigation by a student, Mr. W. A. Hinton, and has been continued by Mr. Donald V. Baker and Dr. Nathaniel K. Wood under the provisions of chapter 688. The time available has forbidden a completion of this work for publication.

The problems of diagnosis in the light of Wassermann syphilis tests are being worked up for presentation by Dr. W. P. Lucas at the Boston Society of Psychiatry and Neurology, on the basis of Dr. Mabel D. Ordway's work on the histories of the cases at the State institutions.

The special problem of *general paresis and the Wassermann syphilis test in the light of autopsied cases* will be taken up at the same meeting (March) by the undersigned, as a corollary to his former "Study of Errors in the Diagnosis of General Paresis."

The basic data for a study of the causes and results of mental disease have been greatly extended by an accumulation of 800 photographs of 65 brains of the insane, taken from different points of view. These have been taken under uniform conditions, as a rule

with the aid of a Cooper-Hewitt mercury lamp by an expert photographer, Mr. Herbert W. Taylor (prints in large part by Mr. E. W. Gleason), under the supervision of Dr. Annie E. Taft, formerly research officer at Monson State Hospital and recently student with Prof. L. Edinger at the Senckenberg Institute in Frankfurt-am-Main, Germany.

An attempt at classification of the mental capacities of the insane by a study of their brain structures, will appear as soon as the work can be correlated. Since the photographic work upon the brains of the insane, carried out largely at Danvers and Boston State hospitals, Monson State Hospital has seen fit to follow suit with photography under similarly uniform conditions; comparison of the two series already promises important results.

Hardly any question more important can be conceived than this of the brain findings in the insane. We have concentrated attention on the most normal-looking brains for the purpose of finding the kind of cases most — *theoretically* — amenable to treatment. The ordinary line of attack is to treat — *practically* — all cases on the most obvious and essentially symptomatic lines, and draw conclusions from the mass of data as best we may. The present line of attack consists in selecting, *for research purposes*, the group of *cases which should*, in accordance with our best knowledge, *have recovered*, or at least have had no visible obstacles in the way of recovery, and study retrospectively this group to get new lines of attack with future patients. (Statistical studies by Dr. Nathaniel K. Wood.)

The present investigation has given us in the form of manageable and readily comparable photographic records, such a series as will permit the most enlightened review of the patients' histories. The photograph series permits the grouping of cases for the study of causes acquired in the individual lives of the patients, and of hereditary cases.

Charts permitting the ready correlation of these brain findings, with certain data already published, have been made by Miss Isabella Hogan and Miss Lucia A. Soule. Technical service has been given by Mr. W. J. Lennan.

Time has not permitted expenditure under this appropriation for publication of the work.

An appropriation for a continuance of the work and for publication of the results is highly desirable.

PRACTICAL AND SCIENTIFIC RECORDS.

The line between practical records and scientific records is a sharp one. Practical data for fiscal and legal purposes exist in proper form in all the institutions, and the older records of this sort are usually preserved in adequate fireproof vaults. The current records must be kept for immediate reference under more dangerous conditions, but are as a rule easily replaceable.

Scientific records of a medical, personal, social and hereditary nature, suitable for review and comparison with other records, are now kept with varying fulness in the various institutions. There is a rapidly accumulating mass of discharge records which are not always found under strictly *fireproof conditions*. It seems to me that all essentially irreplaceable records concerning discharged or current patients, if they are worth making at all, should be preserved in fireproof chambers. The duty of the institutions in this direction is both moral and legal.

The Standardizing of Scientific Records

is a matter for deliberation. Some superintendents speak with a certain pride of having no time to record what they are doing! Our officers, they are apt to say, are too busy treating the patients to have time for elaborate record making. This is particularly true during epidemics and in vacation periods, and in some undermanned institutions it is chronically true. It is nevertheless probable that patients who appear most fully in the records are getting the most careful treatment, and it is certain that future patients will be treated most successfully by institutions that can count their successes and failures, and can analyze their methods over year-long periods. Institutions with comparatively poor scientific records are not always in the hands of lazy officers; but the superintendent is usually a pessimist, or a hard worker who has a peculiar mistaken pride in his capacity to handle conditions short-handed. A splendid economic upkeep, modern hygienic devices, entertainments, the most skilful exercise of parole regulations, even the strictest attention to the development of occupations for the patients, are and remain consistent with a purely custodial attitude. It is impossible that the highest type of social service, or the most adroit aid to the individual's personal mental plight, can be rendered without detailed records.

The Blank Filling or Formal Record,

with its pigeon-holes for reflexes and phenomena of various departments of the mental life, is of service in the first few weeks of the officer's service. It serves little other purpose than to recall or to *teach* to the officer the data of neurology and psychiatry. The formal record is, in short, a device to give the officer certain methods of examination which — we must sadly confess — he was not adequately taught at the medical school. But, aside from the medical-school extension courses which the hospitals of this country are now obliged to give, the records should be made to record the personal reactions of the physicians to the mental and physical situations of their patients.

In an intensive study of many scores of case records, both in general hospitals and in institutions for the insane in Massachusetts, I have become convinced that

Salvation lies in the Most Concrete Records,

not in mechanical blank filling, but in rich, full accounts of a sort which the general practitioner can tend to understand, and which can be summed up for the staff conference with the utmost scientific rigor and the most formal nomenclature attainable. Meantime, I have no disposition to counsel any one who prefers to work by a preconceived blank-filling scheme to desert that method. Such a method becomes stringently necessary when statistical problems are attacked, with this proviso, that the schemes to be filled need modification with every new problem attacked. No final scheme is either possible or desirable. I see much to commend in the symptom sheets employed by the Danvers Hospital for the checking-off of symptoms noted at a certain date (usually that of the staff conference). The extended initial interviews with Worcester Hospital patients seem to repay their exact recording. I am inclined to advocate the insertion of all therapeutic notes in a distinctive way in the record, following a well-established custom in general hospital records. It would be effective, though perhaps impossible with our present standards of service, to attempt to carry out a more elaborate system of nurses' and attendants' notes upon the cases, taking a leaf out of the experience of McLean Hospital.

Tests of Existent Records

have been made by a number of our institutional officers and by myself in many of the institutions in the process of producing the intensive statistical studies which have been increasingly made of late in Massachusetts. I will call attention to the study of the prognosis of dementia præcox (Danvers material, Stearns, Mitchell), the study of cases with miliary cortical plaques (Westborough material, S. C. Fuller), and my own studies of somatic delusions (Danvers material) and the clinical findings of so-called "normal-brain cases" (Worcester Hospital material). Many variations in quantity and point of view in record making exist; improvements are here and there possible; but there is little empty formalizing and considerable individuality displayed. I could wish that some way could be found to record sexual matters more fully and scientifically, inasmuch as many matters of diagnosis and treatment hang on this work. It is now next to impossible to reason from one case to the next if the troubles are predominantly sexual, largely by lack of detailed records.

TO SUM UP

advances have been made in —

- (1) The flies-and-dysentery problem (Worcester, Danvers).
- (2) Control of epidemics (diphtheria at Danvers; paratyphoid fever at Boston).
- (3) Investigation of milk supply (Boston; Danvers, pasteurization).
- (4) Anti-typhoid vaccination of nurses and attendants (Westborough, Boston, Danvers).
- (5) Plans for laboratory work at Tewksbury.
- (6) Collection of eugenic and cacogenic data (Monson, Danvers, Boston, Taunton, State Board).
- (7) Epileptology (explanation of Brown-Séquard's epilepsy, L. B. Alford, Monson).
- (8) The application of social service ideas to insanity (Northampton, Monson, Boston).
- (9) The publicity of our work (papers read by State officers at local societies (New England Society of Psychiatry, Boston Society of Psychiatry and Neurology) as well as national societies).
- (10) Clinics for physicians and students (Monson, Massachusetts School for Feeble-minded, Boston, Danvers, McLean, Westborough, Worcester).

(11) Statistical study of geographical distribution of insanity in Massachusetts (eugenic and cacogenic areas, State Board).

(12) Study of relation between encephalitis and epilepsy (Lucas and Southard, State Board).

(13) Relation of Wassermann test to psychiatric diagnosis (Boston, Danvers, Taunton, Tewksbury, Worcester).

(14) Study of "normal" brains of the insane and epileptic (Danvers, Boston, Monson).

(15) Tests of existent clinical records by working up for publication of larger sets of cases (Danvers, Westborough, Worcester, Boston).

(16) Chemical studies (alkylamines, surface tension of liquids, Erdmann, at McLean).

(17) Psychopathological researches (Wells, at McLean).

(18) Explanation of chronic changes (pernicious anemia, Adler at Danvers).

Respectfully submitted,

E. E. SOUTHARD,

Pathologist.

THE PSYCHOPATHIC HOSPITAL.

On account of its general interest to the citizens and physicians of the Commonwealth, and to those workers in other States who may be interested in similar developments, a brief description is included of the aims and plans of a new institution, officially known as the *Psychopathic Department of the Boston State Hospital*, but more commonly termed the Psychopathic Hospital. This institution has in part a "*clearing-house*" function for the insane of Boston, and in part an *investigative function* in accordance with the report of the State Board of Insanity in 1908, and chapter 470, Acts of 1909.

Provision for the *acute and curable insane* in Massachusetts has had the attention of the Board of Insanity from the first, and is discussed in their reports since the inauguration of State care in 1900.

The *hospital idea*, as distinguished from the colony and infirmary ideas, was elaborated ten years ago in the report for 1902. "A small acute hospital for 50 beds" for acute and curable patients needing "individual study and treatment, on

a plane as high as that of the best general hospitals," was then recommended as desirable to erect in connection with each hospital. "The resident physician should be well equipped for the *study and medical treatment* of his patients and for *scientific research*." The resident physician should have "an adequate corps of *trained assistants and nurses*," full laboratory equipment, organization and control of work, duties almost strictly medical.

The demand for an acute hospital for 50 beds has now been met for Boston in the *reception wards* of the new Psychopathic Hospital described below; but Bostonian conditions and further insight into the requirements of investigation have prompted the inclusion of 50 beds distinct from those of the reception wards, in what may be termed the *observation wards* of the Psychopathic Hospital. This extension of the original idea of a 50-bed reception hospital into the plan of an institution to include 50 further beds for more prolonged and intensive study and treatment (a 50-bed observation hospital), both to form a unit, the Psychopathic Hospital, was made possible by the report of the Board of Insanity to the Legislature May 1, 1908. That report shows that the passing of Boston's insane to the care of the State in 1908 was the basis and opportunity for this development. The report in question stated that the "Psychopathic Hospital should be located in the city, *convenient to committing magistrates and physicians*, and *in association with the general hospitals and medical schools*."

"Its original capacity should be about 120 beds, 60 for each sex, on a *plan admitting of extension* according to demand." The number of beds finally adopted was 100; but ample extension is permitted by arrangements permitting (a) use of the roof garden for outdoor treatment, and (b) eventual employment for patients of quarters now used for nurses (if a nurses' home or staff house were built).

"It should receive all mental cases, exclusive of alcoholics, for *first care and observation*, preliminary to distribution to appropriate institutions." The *first care* can be undertaken in the *reception wards*, which occupy a separate pavilion in the Psychopathic Hospital and contain a small *admitting ward* and two *acute wards* having special equipment. Spatially dis-

tinct from the reception pavilion is the provision for what the 1908 report terms "*a center of scientific investigation into the nature, causes and treatment of insanity and of clinical instruction,*" i.e., the *observation wards* of the Psychopathic Hospital as now constructed. Of course, the reception wards cannot be absolved from investigative duties (especially in relation to the deliria and the exact scientific evaluation of hydrotherapeutic treatment of excitements). But the arrangement of separate observation wards should facilitate more prolonged dietetic, metabolic, physiological, psychological and other investigations under the best conditions, apart from administrative and other pressing duties.

THE SCOPE OF THE PSYCHOPATHIC HOSPITAL

corresponds most closely with that of certain German institutions, commonly termed *psychiatric clinics*. Since American psychiatry has come so strongly under the influence of Kraepelin, it is probable that Kraepelin's clinic in Munich is the model of such institutions which it is most generally desired to approach. The plans for the Munich clinic were begun in 1900 by Anton Bumm, a pupil of Gudden; the clinic was opened Nov. 7, 1904, by its director Emil Kraepelin. Certain resemblances, and certain marked differences, can be found on comparison of the Munich clinic and the new Psychopathic Hospital in Boston.

It must not be forgotten that several

Previous American Institutions

were borne in mind in the construction of the Psychopathic Hospital plans, viz., the Psychopathic Ward of the Hospital of the University of Michigan, the Psychiatric Institute of the New York Lunacy Commission, and Pavilion F of the Albany General Hospital.

Of these, only the Psychopathic Ward at Ann Arbor, Mich., forms a psychiatric clinic in the strict German sense; it is probably not yet large enough (40 beds) for a proper assortment of all clinical types, and it is administered in connection with the remainder of the hospital, much as the Berlin psychi-

atric clinic is administered as a part of the Charité Hospital. Under its first director, Prof. A. M. Barrett, formerly pathologist to the Danvers State Hospital, a high standard of research has been maintained, and the Michigan institution must be accorded the distinction of the first American psychiatric clinic (1906), embodying high therapeutic standards, opportunities for instruction, and the ideals of investigation.

The Psychiatric (originally Pathological) Institute of the New York State Lunacy Commission, at first divorced from clinical work, was reorganized under Prof. Adolf Meyer (in 1902 and subsequent years) with clinical, as well as anatomical, aims. This institute has meant much to the state of New York, especially in the advanced psychiatric education of the State officers who have taken courses under the institute officers. The research standards of the institute have caused it to be a Mecca for alienists from every State.

Pavilion F has laid stress, under Dr. J. M. Mosher, upon therapeutics and the care of the insane under general hospital conditions; but it cannot be said that the superintendents or the trustees of general hospitals have taken its example much to heart.

It is difficult to learn exactly how many institutions of this specialized sort exist in the world. A study of *Minerva* shows over 50 institutions in which such

Specialized Care and Investigation

of the insane are carried out. Almost half of these are in German-speaking countries. Cramer of Göttingen has described the Prussian psychiatric clinics in comparative fashion.¹ Those of Berlin and Greifswald grew out of clinics for general medicine. Most of the others have grown from the necessities of teaching done by hospital directors in connection with universities, which (be it remembered) are governmental matters in Prussia and readily permit such extensions of function.

It was after the middle of the nineteenth century that the Prussian insane hospitals began to be used for instruction (Göttingen, 1866; Berlin, 1866; Halle, 1869; Marburg, 1876;

¹ Klinisches Jahrbuch, 24, 1911, S. 185.

Breslau, 1877; Bonn, 1882). The first specially constructed clinic in Prussia was that of Halle, 1891; its director was Hitzig, the famous discoverer of the electrical stimulability of the cerebral cortex. The Halle clinic contains 100 beds for insane and 40 for neurological cases. The clinic at Kiel, modeled after that at Halle, 1901, contains 125 beds, and, although in the suburbs, attracts a steadily increasing number of dispensary patients (628 in 1909). The clinic at Greifswald, 1906, 72 beds, stands almost midway between the pavilion construction of the Halle and Kiel clinics and the block system. The clinic at Breslau, 1907, contains 110 beds, and is built more on the block type. The clinic at Berlin was constructed in 1905; it is a part of the Charité; and is now the only public institution in Berlin which receives mental patients. Besides a neurological clinic containing 56 beds (450 patients annually), the clinic in a separate building possesses 160 beds (over 1,700 patients annually). Königsberg has a clinic in course of construction (1912). The clinics of Göttingen (1906) and Bonn (1908) are developments upon pre-existing institutions.

Outside Prussia there are in Germany other specialized clinics of this general type. Of these may be mentioned Heidelberg, 1878, 140 beds; Leipzig, 1882, enlarged 1902-1905, 150 beds; Strassburg, 1886, 150 beds; Freiburg, 1887, 100 beds; Würzburg, 1888, 60 beds; Tübingen, 1894, 130 beds; Giessen, 1896, 100 beds; Rostock, 1896, 300 beds; Erlangen, 1903, 210 beds. Laehr's data (1907) show ¹ that, whereas 149 public institutions of Germany (including those for feeble-minded and epileptic) employed 715 physicians to take care of 81,966 patients on a given census day, or 113,705 patients during a given year, 14 specialized psychiatric clinics were employing 72 physicians to take care of 1,552 patients on a given day, or 11,765 patients during a given year. The ratios are as follows: institutions in general 1:115:159; psychiatric clinics. 1:22:163.

The following description is condensed and modified from Henry H. Kendall's paper.²

¹ Laehr. Die Anstalten für Psychisch-Kranke in Deutschland, u. s. w. 6. Auflage, 1907.

² An extended description of the Psychopathic Hospital has been contributed by Henry H. Kendall, A. A. I. A., hospital architect, Boston, to the International Hospital Record, Vol. 14, No. 6, Feb. 19, 1911.

DESCRIPTION OF PSYCHOPATHIC HOSPITAL.

The site fronts northeast, on Fenwood Road, and extends from Vila Street to the Parkway, with a private street in the rear. The building occupies a little more than half of the lot, leaving at the end nearer the parkway ample space, now to be used for recreation, but which may later be used for buildings. The building has the general shape of the letter E, with the long side fronting Fenwood Road, and practically encloses two rectangular courts open to the south and west, which are to be used as airing and exercise gardens for the patients. The portion devoted to patients is almost entirely on the southwest side. The building is four stories high, with a high basement.

There are three entrances on the main front. The central entrance leads to the reception room, from which radiate the main avenues to all parts of the hospital. The northern entrance on the first floor leads to the *out-patient department*, with a large waiting room, and adjoining rooms for physicians, examinations, dispensary, toilets, and quarters for record clerk and social service for the efficient following up of cases.

The "pavilion," so called, in the central arm of E, is exclusively for patients and treatment. It is intended that patients shall generally come to the hospital from the rear, entering an enclosed yard located between the pavilion and the garage. An ambulance or carriage entrance is here provided, and patients will enter the *admitting ward* at this door, passing with their friends or attendants directly to the waiting room, where a nurse will receive them for examination and bath, after which they will be put under observation in private rooms and later classified in wards, as may be directed.

The first floor of the pavilion is so divided as to provide admitting ward and private room accommodation for both sexes separately; all walls are deadened, and double windows are provided to shut in all sound. This plan is pursued throughout the pavilion, and, in order to make it effective, thorough ventilation is arranged for this entire wing.

Although the surgical needs of such a hospital are small, there are sufficient cases received to need provision for prompt

attendance, and a small compact *operating suite* is provided on this floor.

The second and third floors of the pavilion contain the *acute wards* for men and women respectively. Rooms for single and disturbed patients fill one end, wards for less troublesome cases, with prolonged baths, toilets, clothing and storerooms, fill the remaining space.

The fourth story of the pavilion contains a *roof garden*, partially covered, but open at the sides, giving sufficient protection from anything except a driving rainstorm. The sides and open part of the roof are enclosed, so as to be safe from accidental or intentional escape.

A nurses' training class room is provided, with a diet kitchen for instruction and practical use, and in the rear another solarium with open balconies and roof, so arranged that it may be available for women if the other is in use by men.

The basement of the pavilion at the street end is devoted to the heating apparatus; air washers, plenum and fan rooms, with ducts leading under the floors from here to the main building. A separate entrance from the ambulance yard admits to the mortuary, with a columbarium, preparation room, autopsy room, etc.

At the passenger elevator and central staircase is the main axis of the building, practically and administratively. Here the connection is direct with each department, each wing, each classification. Down this stair or elevator, from every floor and ward, can come patients, without crossing through other wards or departments, and connect to any department desired. To the basement they will come for access to the gardens on either side.

To the basement floor patients will come for *hydriatric treatment*, for which provision is made in well lighted and ventilated rooms in the main building, near the stairs and elevator. Rooms for X-ray, photography, physical therapeutics, a dispensary, drug storage, etc., are also located on this floor.

The sex division is maintained in the two wings of the main building, as indeed it is in all floors. Starting from the main stair, we come, first, to the *record room*, where all case records will be filed for convenient access.

On the front of the building is the medical *library*, a large room fitted with cases, alcoves, reading tables and proper lighting for convenient study. On either side are the *laboratories*, offices for the director and laboratory chief, with conveniences and apparatus for careful and accurate study, which is one of the leading ideas in the provision of such a hospital. The two wings accommodate various officers and physicians.

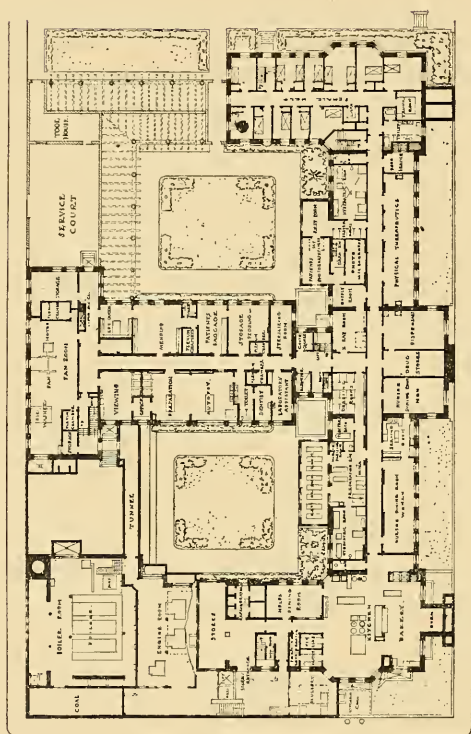
On the third floor is an *assembly room* and recreation hall, where such patients as can be permitted may gather for service or amusement; or where lectures can be given. The space on either side is devoted to *rooms for nurses*, and will be so used until a nurses' home shall be required, but all the main partitions are so planned and constructed that this whole story can be converted into wards and rooms for patients in the same manner as planned for the fourth story; thus adding materially to the accommodation of the hospital when its anticipated growth shall require it.

On the fourth floor is the *observation ward*, with waiting room, designed for patients and their friends, where, when able, they may meet and visit, and offices of the chief of staff, assistant physicians, superintendent of nurses and clerks.

The observation wards are formed of small units and some single rooms, with the requisite treatment rooms, baths and other offices necessary for the care of patients. Diet kitchens and service, connected with the kitchen service below, provide for feeding the patients in their own quarters.

Day rooms and balconies give accommodations for patients not confined to their beds, and the outlook from all parts of the hospital is interesting.

"Preference has been given in every case to the care of the patient, and the expenditure has been concentrated upon provision for this, rather than upon creating an architectural monument."



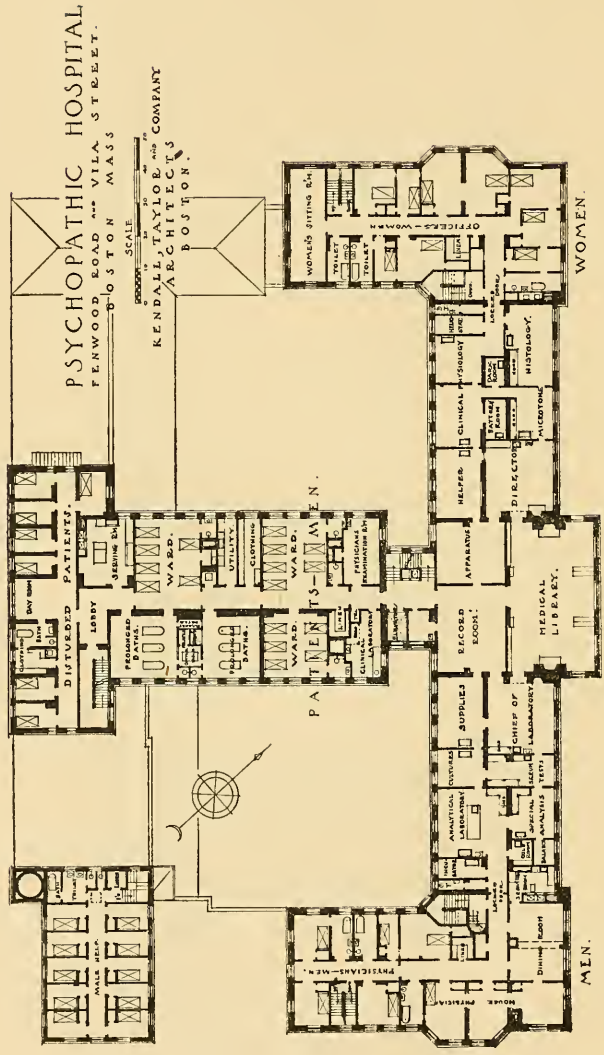
BASEMENT PLAN.

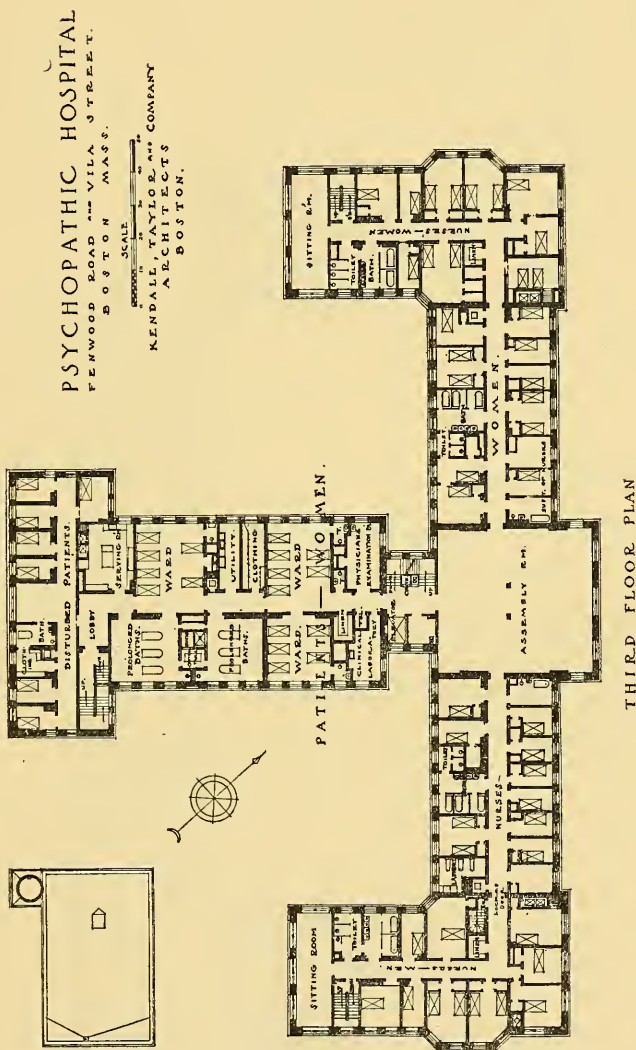
F E N W O O D R O A D

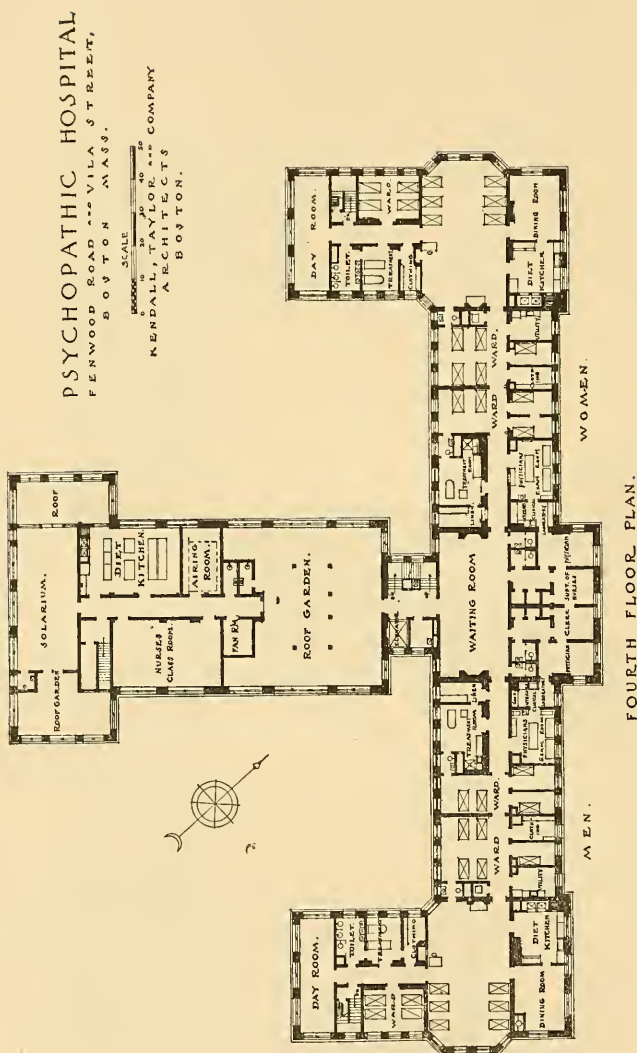
VILLA STREET.



FIRST FLOOR PLAN.
FENWOOD ROAD







SOCIAL SERVICE.

THE ORGANIZATION OF SOCIAL SERVICE

is beset with practical and theoretical difficulties. If we grant that lay social workers have a certain range of service among the insane and defectives, still we do not find that the *schools for social workers* have as yet trained many specially fitted for the task, beset as it is with sexual problems, with delusional attitudes hard to elucidate, and with a variety of abnormal points of view also in the relatives and friends. The family problems are so often bound up with questions of heredity that we are tempted to turn to the Eugenics Record Office for workers. These are undoubtedly of particular service in certain cases; but it would almost appear that a double training would be serviceable for our problems, in case workers could be found to undertake such training. Some of the problems remain of the profoundest, and require the maturest judgment and knowledge of the world. It is highly desirable that

THE TRUSTEES SHOULD BECOME SOCIAL WORKERS AND COUNSELLORS,

using their ripe knowledge and acquaintance systematically and aforethought in the solution of problems such as they have always attacked, if asked. It is not that the technique of social service among the insane is a well-established technique. We need the help of men and women like our trustees to establish the technique. The present attitude of society to prophylaxis and after care is largely a paper attitude. Reports of *cases* are conspicuous by their absence. The States where most is heard of the movement are largely in the lecture and propaganda stage. In Massachusetts much interest has been taken in the institutions, and in several institutions the work of social service is in a stage where *cases* can be described. The soundest local development — and *social service is nothing if not local and individual* — will be by means of influence exerted by the local trustees. The work of the Associated Charities of Boston and of the various social service departments of Boston hospitals shows that the greatest interest would be taken in our own problems of *mental* social service as soon as they could be described in terms of concrete cases.

THE SOCIAL ASPECTS OF INSANITY

are being grasped more and more by practical workers among paupers, juvenile offenders, neglected children, criminals and the like. The interrelation of the problems of insanity and its allied conditions with the problems of pauperism, of crime and even of disease in general is an interrelation possibly closer than has been suspected. Dr. E. E. Southard, pathologist to the Board, has spent considerable time in study of this problem of the interrelations of the forms of so-called degeneracy and disease in Massachusetts during the decade 1901-10. Dr. Southard has embodied his results so far obtained in a paper to be read subsequently to the date of this report before the American Breeders' Association, eugenics section. He finds that the towns of Massachusetts exhibit extraordinary variations in their production of insanity (and allied conditions, epilepsy, feeble-mindedness, inebriety), and that these variations by and large correspond statistically to the variations in the production of social and physical defectives in the town groups considered. How far these variations depend on hereditary, geographic, environmental or other conditions, cannot be said at present. The conclusion is safe that we are not "just generally degenerating," that the eugenic program or other suitable propaganda can readily find good places to begin, and that the concrete problems of particular localities are deserving of the most intensive study. For this purpose our institutional centers are in many instances actively at work.

THE PROBLEM OF THE WORK.

The great problems in social service among the insane and the doubtfully insane are obviously those of prophylaxis, after care and noninstitutional care. Across the problems of prophylaxis and after care *in the individual* has shot a side-light from the direction of eugenics, and the question whether the *prevention of mismating* is not an important constituent of *social prophylaxis* is engaging the serious attention of the community. Here we have a question of far wider than merely medical significance, and upon the number and quality of the strong men and women of Massachusetts who can be got to consider

this and allied problems, either through trusteeship or otherwise, will greatly depend the future of the community. Of special importance is the

FAMILY CARE SYSTEM,

in which considerable progress has been made. Economists are aware of the saving in money by the system, as applied in Belgium and France, for example. But philanthropists should be equally interested in the plan on account of its benefit to the insane themselves and to the community in which the insane boarders reside. It is safe to say that the inhabitants of the village of Gheel in Belgium know more about the practical handling of the insane than many registered physicians and nurses of this country. Concealment and "putting away" produce in many minds an ostrich-like optimism concerning insanity. It is doubtful whether the moderns, knowing more of the nature of delusions and the deceit of apparent sincerity, are gulled to quite the ancient extent by the claims of fake religions, cults and -mancies of all sorts.

Meantime, the problems, as we face them, are

INDIVIDUAL AND LOCAL COMMUNITY PROBLEMS,

and all such means as the free consultations described by Dr. Houston (Northampton), the clinics for the benefit of local practitioners, held by Dr. Flood (Monson), the clinics for social workers, students, and practitioners, held by Dr. Fernald (Waverley), official connections of institutional officers with various universities, colleges and medical schools, lectures before normal schools, co-operation with local charitable agencies, establishment of out-patient departments, co-operation with schools for social service and with various national, State and local organizations, employment of lay or medical social workers or field workers in eugenics, and engagement of the attention of the local boards of trustees in the special problems of their communities should be eagerly furthered. More and more facts have been, and are being, collected, and this accumulation of new sociological facts must be followed by improvement of conditions and actually entitles us to a degree of optimism.

TRAINING SCHOOLS FOR NURSES.

There are ten public institutions, besides the McLean Hospital, which have training schools for nurses. In these public institutions the course in training has not been compulsory for the men attendants, although it has been open to them in whole or in part in five hospitals.

During the past year, however, the Taunton Hospital, which previously made the course optional with the men nurses, has now made it compulsory for them, has extended the course from two to three years, and requires the women to take six months at the Boston City Hospital.

The Boston State Hospital has added a special course for attendants not in the regular training school, and has extended to men the privilege of joining the regular training school, of which several availed themselves. Instruction in occupation for patients has also been added.

At Worcester Asylum a course of six lectures in cooking has been added to the course.

At Medfield Asylum an auxiliary course in the Boston City Hospital has been increased from three to six months.

Along with the continued effort to improve the courses in training, attempts are being made to raise the standard of the nursing force by furnishing accommodations for married couples.

Among the supervisors, nurses and attendants there were 295 married persons Nov. 30, 1901. These included 111 couples, both of whom were in the employ of institutions, and all but 9 of these had accommodations which enabled them to live together. In the large majority of cases, however, these accommodations consist of one large double room, and meals are taken at the common table. Of these 111 couples but 7 have children, and few are situated so that they can have anything approaching homelike conditions. Seven institutions are planning additional accommodations for married employees. It is practically the universal opinion of superintendents that the service has been improved by such provision. The further consideration of ways and means to furnish homelike conditions for

married officers and employees of this class seems justified, for the purpose of increasing the quality and stability of the service.

OCCUPATION AND DIVERSION.

The matter of more general occupation and diversion for patients, which was discussed in the last annual report, has received active attention during the year. Some of the remarks made at the semiannual conference of the State Board, trustees and superintendents in May (see page 179) show how varied the occupations in our institutions and how constantly the matter has been borne in mind. The need of educative methods, of individual instruction and supervision for the more demented cases, and of instruction of the nurses in this utilitarian branch of their profession have been emphasized.

The object is to create and maintain in our institutional force of nurses and physicians an interest in this therapeutic procedure, so that it may be used to its full measure of usefulness among a certain class of patients who have heretofore been left to a considerable extent to their own unguided activities and impulses, or to the deadening monotony of their morbid indifference and passivity.

As an aid to the efforts of the hospital superintendents and physicians in solving the problem which calls for organization of the work and additional expense, the Board has secured the services of one whose long interest in this subject and successful labors in the hospital of a neighboring State recommend her fitness to undertake the work of supervising occupations of patients and instructing nurses in occupational matters in our State institutions. As the year closes the instructor is just entering on her new duties. The work will be laid out on the broad lines indicated in our last report, and new possibilities for the use of a valuable means of treatment of certain patients and for a broader education of our nurses are thus opened. The instructor's work can, of course, be only supervisory. The field is too large for one person to cover except as an instructor, leader, organizer and inspirer of others. It is anticipated that the further development of this plan will lead to the employ-

ment in each institution of a permanent officer who will guide the work according to the needs and opportunities in her particular field of activity.

RESTRAINT AND SECLUSION.

On the 1st of August, 1911, the new law relative to the use of restraint (see page 171) in the public and private hospitals or sanitariums for the insane went into effect. The term "restraint," the law specifies, includes, in addition to the use of certain forms of mechanical apparatus, "therapeutic and chemical restraint and confinement in a strong room, or seclusion in solitary confinement, except when the patients are placed in their rooms at night."

Heretofore, in hospital practice, the word "restraint" has usually been interpreted as meaning bodily restraint by means of mechanical apparatus. The use of drugs has never been reported as a form of restraint, and the locking of a patient in a room alone has generally been classed as seclusion, and so differentiated from restraint with mechanical apparatus applied to the person.

This law went into effect Aug. 1. For more than two years previous the Board had required from each superintendent monthly reports of the restraint and seclusion used in his institution, giving the name of the patient, the kind of restraint employed, the length of time it was employed each day, by whom ordered and the reason for such order.

It is to be noted that the decreased use of restraint and seclusion has been coincident with a more extensive use of prolonged baths, wet packs, rest in bed, and, when possible, special attendance. Five hospitals have increased their nursing force. Three report an increase in the number of minor conflicts between patients or between patients and attendants.

While the law does not forbid the use of restraint nor really limit the amount that may be used, it makes mandatory the observance of certain restrictions relative to its closer control and the methods of its use. At the same time it makes legal the use of restraint by the medical authorities in the hospitals under

certain conditions, though the spirit of the law is manifestly to limit its use.

At the end of the hospital year covered by this report it will be observed that the law had been in actual operation but two months. The reduction in the amount of restraint for the twenty-two months previous to the first of August was, for *persons* in restraint, 77 per cent., for *persons* in seclusion, 48 per cent., and for those in both restraint and seclusion, 64 per cent., while the *hours* of restraint were reduced 74 per cent., the *hours* of seclusion 47 per cent., and the *hours* of both restraint and seclusion, 64 per cent.

The progressive effort to reduce the restraint and seclusion in the institutions existed and was steadily operative for at least two years before the law went into effect. A gradual education of the hospital staffs and the nursing forces has been going on for several years, and it is believed, as a result, that a nonrestraint policy and an approximately nonrestraint practice are building on a rational and lasting foundation.

COMMITMENTS FOR OBSERVATION AND TEMPORARY CARE FOR THE WHOLE STATE.

The number of commitments for observation (under section 43, chapter 504, Acts of 1909) was 47 for the year. The period designated by the judges in the various cases was usually thirty days. One was committed for six months, 1 for three months, 3 for two months, 1 for six weeks, 1 for twenty days, 1 for fourteen days, 2 for seven days, and in 2 cases there was no time limit.

Of these cases, 21 were subsequently committed, 2 signed voluntary requests for continued hospital residence, 19 were discharged, 1 patient was recommitted for observation, 1 died and 1 was allowed to leave on visit. Of the 19 discharged, 6 were reported recovered, 2 capable of self-support, 4 improved, 3 not improved and 4 not insane.

Under chapter 307 of the laws of 1910, requiring that emergency cases which come into the care or protection of the police in Boston be taken to the Boston State Hospital for temporary

care, and forbidding the use of prisons, jails or penal institutions for such persons, 261 were taken to the Boston State Hospital. Of these, 169 were subsequently regularly committed, 1 was committed for observation, 74 were discharged, 4 died and 9 were returned to institutions.

Thirty-three cases were admitted for temporary care under section 44 of chapter 504, Acts of 1909. Thirty of these were subsequently committed, 1 was again readmitted under section 44, and in 2 instances there were commitments for observation under section 43, at the end of the section 44 period.

There were 5 admissions under section 34, chapter 504 of the Acts of 1909, which provides for the apprehension of a patient before examination and commitment. Four of these were subsequently committed and 1 discharged as not insane.

Under chapter 395 of the Acts of 1911, 92 cases were admitted, of whom 69 were subsequently committed, 2 were committed for observation under section 43, 16 were discharged, 1 died and 3 signed voluntary requests for admission. This chapter provides for the admission of certain persons for temporary care (see New Legislation, page 170). It went into effect June 4, 1911, and, as the number of admissions (92) in the six months following indicates, was promptly made use of.

The following table shows the number of patients admitted under these various methods to our institutions, together with the voluntary admissions and the subsequent disposition of these patients: —

	ADMISSIONS UNDER —					
	Section 34, Chapter 504, Acts of 1909 (Apprehension of Alleged Insane Person).	Section 43, Chapter 504, Acts of 1909 (for Observation).	Section 44, Chapter 504, Acts of 1909 (for Temporary Care).	Chapter 307, Acts of 1910 (for Temporary Care, Boston Hospital).	Chapter 395, Acts of 1911 (for Temporary Care).	Section 45, Chapter 504, Acts of 1909 (for Voluntary Care).
Admitted during year, . . .	5	47	33	261	92	359 ²
Discharged,	1	19	-	74	16	164
On visit,	-	1	-	-	-	27
Died,	-	1	-	4	1	12
Regularly committed, . . .	4	21	30	169	69	42
Committed for observation, .	-	1 ³	2	1	2	-
Admitted voluntarily, . . .	-	2	-	-	3	2 ⁴
Readmitted under section 44, .	-	-	1	-	-	-
Returned to institutions, . .	-	-	-	9	-	-
Transferred to other institutions,	-	-	-	-	-	1
Remaining Sept. 30, 1911, . .	-	2	-	4	1	111

¹ Does not require a physician's certificate and takes the place of section 44, chapter 504, Acts of 1909.

² Of whom 310 were classed as insane.

³ One patient recommitted for observation at end of first observation period.

⁴ To other institutions.

It is to be noted with interest that during the year covered by the report there were 359 voluntary admissions, 92 under the above act, chapter 395, Acts of 1911, 261 under chapter 307, Acts of 1910, and 33 under section 44, chapter 504, Acts of 1909, making a total of 745 patients, or 22.08 per cent. of all the admissions of mental patients who enter our institutions for the insane, without any action of the court or judge or other very formal proceeding. Of these 745 cases thus admitted, 254 were discharged without commitment, 17 died before commitment, 5 signed voluntary requests and 111 voluntary patients continued their stay in the voluntary status, no commitment being considered necessary, making a total of 387 persons who secured the benefits of treatment in our public or private hospitals for the insane without the formality of a procedure before a judge, and which would have thus been at-

tended with delays, legal exactions, semipublicity and the stigma of having been pronounced insane, all of which was thus obviated, to the comfort and satisfaction of the patients and friends.

THE STABILITY OF SERVICE

in the institutions averages about the same as the previous year. There were 2.49 rotations of all employees, compared with 2.54 rotations the previous year; 2.84 in the nursing staff, compared with 2.83 the previous year. The maximum stability for the whole service was at the Foxborough Hospital, where there were only 1.67 rotations; and for the nursing staff, at the same institution, where there were 1.77 rotations.

The average length of the interval between rotations of all employees was 4.87 months; of all nurses, 4.27 months; men nurses, 3.70 months; women nurses, 4.78 months.

The average shortage of employees was 6.92 per cent.

THE CAPACITY FOR PATIENTS

in all the institutions Dec. 1, 1911, was 14,432, compared with 13,505 the previous year, an increase of 927 beds. The whole number of patients in them was 14,709, compared with 14,256 the previous year, an increase of 453. Hence there is a deficiency of provision for 277 patients, or 1.92 per cent.

THE CAPACITY FOR THE INSANE

in State institutions Dec. 1, 1911, was 11,656, an increase of 797 beds. The whole number of patients in them was 11,960, compared with 11,691 the previous year, an increase of 269. Hence there is a deficiency of provision for 304 patients, or 2.61 per cent.

Work was in progress at the close of the year or appropriations had been granted for 130 new beds for the insane, — beds for the feeble-minded, — a total of 130 prospective beds, compared with 1,078 the previous year. These will become available for the coming year.

Working Capacities of Institutions.

INSTITUTIONS.	WORKING CAPACITIES, 1912.				
	MEN.		WOMEN.		TOTALS.
	Dec. 1, 1911.	Increase for the Year.	Dec. 1, 1911.	Increase for the Year.	
The insane: —					
State hospitals: —					
Worcester,	646	—	644	11 ¹	1,290
Taunton,	579	73	494	70	1,073
Northampton,	426	—	392	2 ¹	818
Danvers,	583	1 ¹	774	40	1,357
Westborough,	511	109	683	152	1,194
Boston,	435	125	602	—	1,037
Totals,	3,180	306	3,589	249	6,769
State asylums: —					
Worcester,	553	65	559	56	1,112
Medfield,	637	—	906	—	1,543
Gardner Colony,	393	2	230	41	623
Totals,	1,583	67	1,695	97	3,278
Hospitals and asylums,	4,703	373	5,284	346	10,047
Mental wards, State Infirmary,	177	—	496	—	673
Bridgewater Hospital,	740	78	—	—	740
Foxborough Hospital (insane),	196	—	—	—	196
Totals,	1,113	78	496	—	1,609
Total insane,	5,876	451	5,780	346	11,656
Miscellaneous: —					
Monson Hospital,	432	—	421	—	853
Foxborough Hospital (ineligible),	103	—	—	—	103
School for the Feeble-minded at Waltham,	898	—	542	—	1,440
Wrentham School,	185	35	195	95	380
Totals,	1,618	35	1,158	95	2,776
Aggregates,	7,494	486	6,938	441	14,432

1 Decrease.

Working Capacities of Institutions—Concluded.

INSTITUTIONS.	NUMBER OF PATIENTS DEC. 1, 1911.			Increase for the Year.	EXCESS OF PATIENTS.				
	Men.	Women.	Totals.		Number of Men.	Number of Women.	TOTALS.		
							Number.	Percentage.	
The insane:—									
State hospitals:—									
Worcester,	686	666	1,352	21 ¹	40	22	62	4.81	
Taunton,	525	458	983	3 ¹	54 ¹	36 ¹	90 ¹	8.39 ¹	
Northampton,	455	423	878	9	29	31	60	7.33	
Danvers,	629	824	1,453	32 ¹	46	50	96	7.07	
Westborough,	458	680	1,138	64	53 ¹	3 ¹	56 ¹	4.69 ¹	
Boston,	364	512	876	45	71 ¹	90 ¹	161 ¹	15.53 ¹	
Totals,	3,117	3,563	6,680	62	63 ¹	26 ¹	89 ¹	1.31 ¹	
State asylums:—									
Worcester,	560	638	1,198	107	7	79	86	7.73	
Medfield,	705	1,001	1,706	16 ¹	68	95	163	10.56	
Gardner Colony,	424	239	663	38	31	9	40	6.42	
Totals,	1,689	1,878	3,567	129	106	183	289	8.82	
Hospitals and asylums,	4,806	5,441	10,247	191	43	157	200	1.99	
Mental wards, State Infirmary,	226	513	739	26	49	17	66	9.81	
Bridgewater Hospital,	753	—	753	40	13	—	13	1.76	
Foxborough Hospital (insane),	221	—	221	12	25	—	25	12.76	
Totals,	1,200	513	1,713	78	87	17	104	6.43	
Total insane,	6,006	5,954	11,960	269	130	174	304	2.61	
Miscellaneous:—									
Monson Hospital,	455	407	862	59	23	14 ¹	9	1.06	
Foxborough Hospital (inebriate),	180	—	180	35	77	—	77	74.76	
School for the Feeble-minded at Waltham,	848	583	1,431	53	50 ¹	41	9 ¹	0.63 ¹	
Wrentham School,	159	117	276	37	26 ¹	78 ¹	104 ¹	27.37 ¹	
Totals,	1,642	1,107	2,749	184	24	51 ¹	27 ¹	0.97 ¹	
Aggregates,	7,648	7,061	14,709	453	154	123	277	1.92	

¹ Decrease.

THE PUBLIC INSTITUTIONS.

WORCESTER STATE HOSPITAL.

Opened in January, 1833. Present capacity, 1,290; decrease for the year, 11.

Valuation of plant, per capita of capacity, \$1,649; real estate, \$1,480; personal, \$169.

Daily average number of patients, 1,376; increase for the year, 22.

Number Oct. 1, 1911, 1,347.

All commitments, 533; decrease for the year, 44.

Commitments as insane, 516; decrease for the year, 52.

First cases of insanity, 429; 83.14 per cent.

Voluntary admissions, none.

Emergency commitments, 4.

Temporary care admissions, 19.

Commitments as inebriate, 9 women.

First Cases of Insanity.

Native-born patients, 47.06 per cent; mothers, 26.78 per cent.; fathers, 23.96 per cent.

Age sixty years or over, 18.31 per cent.

Resident in cities or large towns, 84.85 per cent.; country districts, 15.15 per cent.

Previous duration of insanity, under six months, 53.28 per cent.

Curable forms of insanity, 21.67 per cent.

Causes: congenital, 20.51 per cent.; hereditary, 25.17 per cent.; alcoholic, 24.24 per cent.; senility, 12.12 per cent.; coarse brain lesions, 3.03 per cent.; syphilis, 7.46 per cent.

Recoveries of the Insane.

Whole number, 64; 12.40 per cent. of commitments.

Recoveries of first cases of insanity, 53; 12.35 per cent. of first cases.

Recoveries in curable group A, 49; 52.13 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 153; 8.06 per cent. of whole number of persons treated.

Curable forms of mental disease present in 13.72 per cent.; tuberculosis in 5.88 per cent.; senile insanity in 24.18 per cent.; general paralysis in 29.41 per cent.; coarse brain lesions in 23.53 per cent.

Finances.

Expenditures from maintenance funds, \$302,933; total receipts, \$68,598; being \$43,937 from private patients, \$18,001 from reimbursing patients, \$6,660 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.15.

Weekly per capita cost of whole service, \$1.79; ward service, \$0.67.

One person employed for every 4.32 patients; 1 nurse for every 8.30 patients.

Average monthly wage for all persons employed, \$33.69; for nurses, \$24.39; men, \$26.44; women, \$22.63.

Extract from Superintendent's Annual Report.

There are 5 nurses in this year's graduating class. While we have been able to get a satisfactory number of probationers, we have experienced greater difficulty in obtaining suitable young women to train, and fewer nurses have been permitted to complete the course. We have endeavored to maintain a high standard for our graduates, and almost without exception they have availed themselves of post-graduate courses in general hospitals in Worcester, Boston and elsewhere, after which they have established for themselves good practices in the field of private nursing. A number of our graduates also have positions of responsibility in institutions.

During the past year 8 male attendants entered the training school, but before the end of the year all had dropped out for some reason. The training is open to all male attendants who care to avail themselves of the opportunity.

The senior class will be much larger next year than the present one, and about 65 will be enrolled in the junior class. . . .

At our clinical staff meetings it has been our custom to present only special cases of importance or interest, cases with questionable diagnosis, of unusual symptomatology or unexpected recovery. At times, special

groups of cases are taken up for comparison and discussion, and again, typical cases of mental disease are shown for purposes of instruction.

Owing to the manner in which our clinical work is conducted, every case appears for discussion and an interchange of opinions, as the first assistant physician examines every patient admitted to the hospital in the presence of the senior and junior physician. At these times the case is discussed and directions are given for the proper preparation of the records. The case is again brought to the first assistant physician when completed, etc., and the patient is examined by him before final discharge. In this manner, though every patient is not brought before the whole staff, the diagnosis has been passed upon by at least three of its members.

Our system resolves itself practically into a daily bedside clinic, the first assistant making daily rounds with various members of the staff.

TAUNTON STATE HOSPITAL.

Opened in April, 1854. Present capacity, 1,073; increase for the year, 143.

Valuation of plant, per capita of capacity, \$816; real estate, \$719; personal, \$97.

Daily average number of patients, 1,003; increase for the year, 17.

Number Oct. 1, 1911, 979.

All commitments, 417; decrease for the year, 70.

Commitments as insane, 408; decrease for the year, 73.

First cases of insanity, 338; 82.84 per cent.

Voluntary admissions, 11.

Emergency commitments, 1.

Temporary care admissions, 10.

Commitments as inebriate, 3 women.

First Cases of Insanity.

Native-born patients, 58.33 per cent.; mothers, 37.28 per cent.; fathers, 35.29 per cent.

Age sixty years or over, 28.87 per cent.

Resident in cities or large towns, 67.75 per cent.; country districts, 32.25 per cent.

Previous duration of insanity, under six months, 64.16 per cent.

Curable forms of insanity, 17.16 per cent.

Causes: congenital, 41.42 per cent.; hereditary, 12.13 per cent.; alcoholic, 17.45 per cent.; senility, 13.31 per cent.; coarse brain lesions, 3.25 per cent.; syphilis, 0.29 per cent.

Recoveries of the Insane.

Whole number, 47; 11.52 per cent. of commitments.

Recoveries of first cases of insanity, 33; 9.76 per cent. of first cases.

Recoveries in curable group A, 30; 51.72 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 139; 9.71 per cent. of whole number of persons treated.

Curable forms of mental disease present in 8.63 per cent.; tuberculosis in 7.91 per cent.; senile insanity in 22.30 per cent.; general paralysis in 19.42 per cent.; coarse brain lesions in 19.42 per cent.

Finances.

Expenditures from maintenance funds, \$236,599; total receipts, \$39,877; being \$24,542 from private patients, \$13,712 from reimbursing patients, \$1,623 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.53.

Weekly per capita cost of whole service, \$1.88; ward service, \$0.77.

One person employed for every 4.13 patients; 1 nurse for every 7.97 patients.

Average monthly wage for all persons employed, \$33.79; for nurses, \$26.61; men, \$29.47; women, \$23.94.

Extract from Trustees' Annual Report.

Through the generosity of the American Breeders Association the hospital has been able to employ a fieldworker on the most important matter of the heredity of insanity, who visits the families and investigates personally the disease history of the patients' relatives.

Extract from Superintendent's Annual Report.

We have increased men's industries by the addition of another industrial shop. At present we are making there enough brooms and brushes for our own use, and we plan to make this shop the headquarters of other industries in the near future. Gratifying progress has been made in advancing industrial work among the women, about 11 per cent. more being employed than the previous year.

We closed our report on industries last year as follows: "Our aim at present is to develop our industries along the lines of utility, and later on, if found desirable, to add others less needful and more æsthetic." In accord with this policy, as the time seems ripe to introduce some of the more ornamental industries, we have at the present time several classes of nurses under instruction in basketry, raffia work and lace making. When these pupils are sufficiently advanced they will instruct patients in these industries. The two classes of patients that most need industrial development are the more disturbed class and the apathetic, demented class. With both of these classes we have made some progress during the past year, and we intend to pay special attention to them the coming year. . . .

As appropriate out-of-door occupation has proved as beneficial for women as for men, as noted in the annual reports for the past two years, it seems advisable that a farm colony group be provided for women. Plans, specifications and estimates have been prepared for a kitchen and dining-room building at the Raynham farm colony, and also for a farm colony group for 100 women, to be situated on our Davis Street property, in a quiet and retired part of the town, about 2 miles from the hospital proper, where the patients can live a healthy, normal, out-of-door life. . . .

Careful study of the situation extending over a number of years, by several interested in the work, resulted in each and all independently coming to the conclusion that it was the plain duty of the hospital to train all engaging in its ward service, and that only by so doing could the results sought be even approximately obtainable.

This decision having been reached prompt action was taken, but without undue haste. From Oct. 1, 1910, school attendance was required of all women, and from June 1, 1911, of all men. We have found the full school course as beneficial and necessary for men as for women.

During the past year our school has become affiliated with the training school of the Boston City Hospital, and our graduates and advanced pupils have the privilege of six months' service in that institution. This service is now required of all our women as a part of their training. This change, together with some others, has rendered it necessary to extend our course from two to three years. That men require training as much if not more than women to fit them to properly perform

their duties is self-evident, but few even of the general hospitals provide any systematic instruction for the men whom they employ. As more men are employed in hospitals for the insane than in general hospitals, it seems to us clearly the duty of the hospital to provide adequate training.

As mentioned before, we have for many years provided such training for all men who desired it, but have now made training obligatory, and the work is well organized. As yet we have met with no more or greater obstacles than we overcame when training was made obligatory for women.

Of the 220 patients dismissed on trial visit, 60, or 27 per cent., were directed to make monthly reports. Each year that this system has been in vogue has demonstrated its usefulness by enabling us to keep in touch with dismissed patients and enabling them easily to get advice from the hospital. In some instances during the past year cases were returned more promptly than they otherwise would have been, while other cases were enabled to remain in the community who would probably have been returned without such oversight. In addition, we have in some instances sent medical officers to visit patients in their homes and study conditions on the spot, as well as to obtain information that could be secured in no other way. We plan to extend the scope of this work in the near future.

NORTHAMPTON STATE HOSPITAL.

Opened in August, 1858. Present capacity, 818.

Valuation of plant, per capita of capacity, \$1,116; real estate, \$998; personal, \$118.

Daily average number of patients, 883; increase for the year, 31.

Number Oct. 1, 1911, 898.

All commitments, 361; increase for the year, 25.

Commitments as insane, 344; increase for the year, 14.

First cases of insanity, 271; 78.78 per cent.

Voluntary admissions, 24.

Emergency commitments, 2.

Temporary care admissions, 15.

Commitments as inebriate, 4 women.

First Cases of Insanity.

Native-born patients, 57.99 per cent.; mothers, 35.36 per cent.; fathers, 36.50 per cent.

Age sixty years or over, 22.14 per cent.

Resident in cities or large towns, 77.12 per cent.; country districts, 22.88 per cent.

Previous duration of insanity, under six months, 42.96 per cent.

Curable forms of insanity, 22.51 per cent.

Causes: congenital, 24.35 per cent.; hereditary, 27.30 per cent.; alcoholic, 21.40 per cent.; senility, 15.87 per cent.; coarse brain lesions, 7.01 per cent.; syphilis, 2.58 per cent.

Recoveries of the Insane.

Whole number, 38; 11.05 per cent. of commitments.

Recoveries of first cases of insanity, 30; 11.07 per cent. of first cases.

Recoveries in curable group A, 28; 45.90 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 97; 7.95 per cent. of whole number of persons treated.

Curable forms of mental disease present in 6.18 per cent.; tuberculosis in 7.22 per cent.; senile insanity in 46.39 per cent.; general paralysis in 10.31 per cent.; coarse brain lesions in 26.80 per cent.

Finances.

Expenditures from maintenance funds, \$179,092; total receipts, \$51,246; being \$32,962 from private patients, \$15,292 from reimbursing patients, \$2,992 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.80.

Weekly per capita cost of whole service, \$1.44; ward service, \$0.55.

One person employed for every 5.99 patients; 1 nurse for every 11.99 patients.

Average monthly wage for all persons employed, \$37.55; for nurses, \$28.64; men, \$30.25; women, \$26.94.

Extract from Superintendent's Annual Report.

The Legislature of 1911 passed an act permitting the reception and temporary care in State hospitals of persons in need of immediate treatment because of mental derangement. Such persons may be kept for

a period not exceeding seven days. Before the expiration of this time they must either be discharged or be committed if needing further treatment. Under this act we have received 14 patients. Our experience leads us to consider this a wise and humane measure, providing immediate treatment for a class of patients who, prior to this, have been liable to detention for a day or two in a jail or in other unfavorable surroundings.

We have had 13 patients under our supervision in family care during the year, in addition to those placed in families by the State Board of Insanity. Provision has been made whereby we hope to hereafter greatly increase the number so cared for.

For a long time we have felt that our duty was not limited to the care of those alone who were at the hospital or elsewhere under our supervision. There is much that can be done by an institution of this kind in the way of prevention and of after care. We have been accustomed to keep track of our patients out on trial visit, usually by correspondence, in some cases requesting them to return to the hospital for a personal interview. We have frequently advised, free of charge, persons coming to the hospital to consult us about the treatment of relatives or friends whose commitment was being considered, as well as others who were themselves considering the advisability of coming to the hospital for treatment. In our report of last year was briefly suggested a line of work that would seem to make the hospital more useful to the community it serves. We have been fortunate in securing an officer to undertake this work, Dr. Harriet M. Whitney, who in October resigned her position as assistant physician after nearly twelve years of service. Later she accepted an appointment to give us part of her time to do social service work. Her long training, her acquaintance with the individual patients here and her experience in visiting patients in family care have fitted her peculiarly for the new line of work. Her duties, which will be somewhat varied, are all in the line of broadening our sphere of usefulness. She will visit patients in family care as formerly, but will also find new boarding places for a much larger number of patients than we have heretofore been able to place out to board. She will visit patients away from the hospital on trial visit, to learn whether they are doing well at home and whether their discharge or a further period of care at the hospital is advisable. It will be in line of her work to investigate home conditions of patients whose discharge is requested, patients who have not fully recovered, to learn whether their discharge can be favorably recommended. She will be sent, on request, to visit persons whose commitment is being considered. In some of these cases we have found it advisable to recommend commitment to the hospital, with the hope of promoting an earlier recovery than if the patient were kept at home, while in other cases it has seemed best to advise home care and treatment as more suitable. She will visit families and neighbors of recently committed patients to learn more about them,

and the cause of their mental breakdown, than the commitment papers and the persons who come to the hospital with the patient can give us. It is possible, also, that she may be able to help discharged patients in securing employment, and in other ways.

Dr. Whitney has been engaged in this work but a few weeks, but we already find a large field for her. . . .

The value of occupation as a means of treatment in mental diseases has been so long and so favorably known, and so often spoken of in the annual reports of the State hospitals, that it has seemed unnecessary to dwell at length on the subject, but recent legislation in our State relative to the matter seems to show how little appreciation is had by the public of what is being done in the State institutions. A list of all the various forms of occupation made use of would surprise even those fairly well acquainted with matters pertaining to State hospitals.

DANVERS STATE HOSPITAL.

Opened in May, 1878. Present capacity, 1,357; decrease for the year, 3.

Valuation of plant, per capita of capacity, \$1,358; real estate, \$1,257; personal, \$101.

Daily average number of patients, 1,452; increase for the year, 38.

Number Oct. 1, 1911, 1,446.

All commitments, 581; increase for the year, 51.

Commitments as insane, 573; increase for the year, 54.

First cases of insanity, 461; 80.45 per cent.

Voluntary admissions, 16.

Emergency commitments, 2.

Temporary care admissions, 18.

Commitments as inebriate, 7 women.

First Cases of Insanity.

Native-born patients, 52.17 per cent.; mothers, 34.91 per cent.; fathers, 35.86 per cent.

Age sixty years or over, 17.14 per cent.

Resident in cities or large towns, 85.03 per cent.; country districts, 14.97 per cent.

Previous duration of insanity, under six months, 42.22 per cent.

Curable forms of insanity, 19.52 per cent.

Causes: congenital, 6.07 per cent.; hereditary, 27.11 per cent.; alcoholic, 16.91 per cent.; senility, 4.55 per cent.; coarse brain lesions, 8.46 per cent.; syphilis, 9.11 per cent.

Recoveries of the Insane.

Whole number, 33; 5.76 per cent. of commitments.

Recoveries of first cases of insanity, 25; 5.42 per cent. of first cases.

Recoveries in curable group A, 19; 21.11 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 205; 9.91 per cent. of whole number of persons treated.

Curable forms of mental disease present in 15.61 per cent.; tuberculosis in 6.83 per cent.; senile insanity in 10.73 per cent.; general paralysis in 22.93 per cent.; coarse brain lesions in 15.61 per cent.

Finances.

Expenditures from maintenance funds, \$365,243; total receipts, \$63,190; being \$36,476 from private patients, \$23,539 from reimbursing patients, \$3,175 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.81.

Weekly per capita cost of whole service, \$1.96; ward service, \$0.57.

One person employed for every 4.98 patients; 1 nurse for every 10.44 patients.

Average monthly wage for all persons employed, \$42.41; for nurses, \$26; men, \$28.80; women, \$23.96.

Extract from Superintendent's Annual Report.

The increase of 125 patients released to the care of their families this year means that there is a corresponding reduction in the overcrowding of the hospital and a consequent improvement in the comfort of those remaining, that the State is spared the expense of maintenance of the persons returned to their families, and that the spirit of the "boarding-out" theory is being followed here to a much greater degree than formerly. At staff meetings the history and present condition of the patient, the home surroundings and the probabilities of the patient using the liberty with good results are discussed, and being de-

terminated favorably. An effort is made to instruct the relatives in the individual peculiarities of the case, to prepare them to anticipate difficulties that may occur and to co-operate with the hospital in securing immediate return of the patient if occasion for such action arises. Frequently, where the question of adequacy of family care has been raised, the local town authorities have been consulted, the features of the case explained to them, and their co-operation asked to secure proper supervision of the patient. "After care," to this extent, can be aided by even an overworked medical staff to give the matter further personal attention. . . .

With an annual admission rate of nearly 700 new patients, the work of properly preparing case records, and utilizing the information thus obtained in the later handling of the individual patient, together with the medical work in giving ordinary hospital care to the sick and the performance of routine office duties, there is too much work for the 6 ward physicians who comprise the clinical staff. With an increased number, better work could be performed, and with more time from purely routine work, each member of the staff should be expected to produce some original work or observations each year. Such activity is most desirable in developing a worthy medical spirit in the hospital, and should be encouraged if not demanded. Productions of this character might or might not be valuable to the medical profession, but they would surely aid in the development of the physician who made them, and react favorably upon other staff assistants and the hospital work.

Through the kindness of Dr. Davenport, of the eugenics record office, we have had for some months the gratuitous services of Miss Ruth S. Moxcey, a field worker trained in history taking, with the expectation that the value of the medical work of the information thus obtained will lead to the permanent engagement of such a worker. The aim is to secure accurate data concerning each member of the patient's family for several generations, and to present the facts in a graphic chart. Some conception of the influence of heredity may be formed if this work can be prosecuted for a period of years. The investigation which shall lead to a better knowledge of these matters is peculiarly the work of the insane hospital and the institutions for defectives, and deserves much more attention than has heretofore been given.

The field worker who is thus engaged will have an excellent opportunity to promote the after care of patients released from the hospital by personal visits that permit of advice being given the family, and by information being brought to the hospital of actual home conditions, all of which tends to promote the best interests of the patients and a better relation between the hospital and the family. The ease which now attends the admission of patients to the hospital, supplemented by personal advice of the physician and friendly visits to the homes by an interested and tactful person, can produce but one result, — a greater confidence in the hospitals as a refuge for patients. . . .

Since the last report the hours of service of nurses and attendants have been shortened two hours daily. The list of graduate nurses from this hospital who are successful in other work is large, and it is unfortunate for the service that we cannot retain a sufficient number of mature, capable graduates to fill the positions of head nurse, at least. The welfare of patients, the hospital interests and the training of the younger nurses are materially influenced by the head nurse, who should be retained in the work when found competent, and given compensation commensurate with the duties and responsibilities of the position. Pupil nurses receive enough at present rates, but the hospitals can keep the desirable graduates only by adopting a more generous policy in the matter of compensation.

All male attendants are given the opportunity to enter the training school, and a few have started this year. For men who will fit themselves by this training and remain in the service, remuneration should be given that will allow them to live with as much comfort as prison guards, for example. The head attendant on a ward for acute or disturbed patients shares danger with the prison guard, works much harder and longer daily, and has an infinitely greater opportunity for the hourly exercise of higher mental and moral faculties for the successful performance of his duties, and he now receives less than one-half the pay. In no other walk of life can the best service available be secured for the lowest pay, and it is inconceivable that the desired end can be secured in the insane hospitals by present methods of employment. Improvement in this important branch of hospital work can be accomplished, but it will require increased appropriations, time and effort.

WESTBOROUGH STATE HOSPITAL.

Opened in December, 1886. Present capacity, 1,194; increase for the year, 149.

Valuation of plant, per capita of capacity, \$911; real estate, \$799; personal, \$112.

Daily average number of patients, 1,098; increase for the year, 68.

Number Oct. 1, 1911, 1,129.

All commitments, 558; increase for the year, 24.

Commitments as insane, 518; increase for the year, 27.

First cases of insanity, 399; 77.03 per cent.

Voluntary admissions, 79.

Emergency commitments, 9.

Temporary care admissions, 17.

Commitments as inebriate, 20 women.

First Cases of Insanity.

Native-born patients, 62.22 per cent.; mothers, 42.13 per cent.; fathers, 38.99 per cent.

Age sixty years or over, 18.80 per cent.

Resident in cities or large towns, 74.94 per cent.; country districts, 25.06 per cent.

Previous duration of insanity, under six months, 55.68 per cent.

Curable forms of insanity, 27.32 per cent.

Causes: congenital, 5.51 per cent.; hereditary, 19.30 per cent.; alcoholic, 13.03 per cent.; senility, 7.52 per cent.; coarse brain lesions, 11.52 per cent.; syphilis, 6.01 per cent.

Recoveries of the Insane.

Whole number, 108; 20.85 per cent. of commitments.

Recoveries of first cases of insanity, 82; 20.55 per cent. of first cases.

Recoveries in curable group A, 61; 55.96 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 131; 8.22 per cent. of whole number of persons treated.

Curable forms of mental disease present in 9.16 per cent.; tuberculosis in 1.53 per cent.; senile insanity in 25.95 per cent.; general paralysis in 15.27 per cent.; coarse brain lesions in 26.72 per cent.

Finances.

Expenditures from maintenance funds, \$289,129; total receipts, \$83,864; being \$66,752 from private patients, \$14,864 from reimbursing patients, \$2,247 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.89.

Weekly per capita cost of whole service, \$2.12; ward service, \$0.88.

One person employed for every 3.64 patients; 1 nurse for every 6.60 patients.

Average monthly wage for all persons employed, \$33.56; for nurses, \$25.32; men, \$28.54; women, \$22.99.

Extract from Trustees' Annual Report.

The hospital now has separate buildings for the treatment of acute cases, both male and female, a convalescent building, a colony for mild chronic cases among men, and a colony for a similar class of women, besides a building for tubercular patients of either sex.

In the main asylum building, where those patients requiring domiciliary restraint are housed, classification is still carried out as far as practical on the various wards. Notwithstanding the above, the limit of classification has not been reached. At present there is no adequate place to care for the sick patients, namely, patients suffering from ailments other than their insanity. In a population of nearly 1,200 people there are necessarily more or less who suffer from the ordinary common diseases; in addition to those there are many old and decrepit who may be classed among the sick at all times. For the proper care of these sick people what is needed is an infirmary building, where they can be sent and treated until they are well enough to be returned to the various wards where they belong. It is sincerely hoped that a building of this kind, modernly equipped, may be allowed the hospital in the near future.

Extract from Superintendent's Annual Report.

Persistent effort has been made to relieve the crowded conditions of the hospital by encouraging friends of unrecovered patients to remove those who were neither dangerous to themselves nor others.

We have co-operated with the State Board of Insanity in placing out to board as many patients as possible. This number is not very large. These patients must, of course, come from the quiet class, but not every quiet case can be cared for outside the institution; for while the fact that they are not dangerous either to themselves or others is of the first importance, it is also necessary that morally they may not become a menace to the community. Certain quiet cases have such tendencies, or a weakened will, by reason of which they could not safely be sent out to board; and these cases, unless discharged to relatives, must be cared for in the hospital indefinitely.

The buildings on Heath hill, for a colony of 100 patients and sanatorium for 40 tuberculous patients, have been completed. The sanitary conditions for these buildings, and all future buildings on the hill, have been provided for by the construction of a sewage reservoir and line of pipes connected with the present system. These buildings were opened and occupied on August 1, by transfer of the patients at Richmond colony and sanatorium, men patients from the Stanley house and main building being sent to the Richmond colony. The Stanley house is being repaired, painted and will be used for employes.

The appropriation for remodeling and enlarging cottages A and B

is being expended under the direction of our head carpenter. The addition will be completed and occupied in the early spring.

In August of this year, a law authorizing and prescribing the conditions for the use of restraint in the hospitals went into effect, the intent of which is undoubtedly to reduce the amount of restraint that is used. I am one of those who believe that mechanical restraint is not always an evil. In the acute case, where the neutral baths, hot packs and medical treatment have failed to relieve, and the excitement is leading to exhaustion, mechanical restraint, properly applied, is humane, and I direct that it shall be used in all such cases.

With the chronic cases it was a question whether to continue to use mechanical restraint or secure additional employees to care for those patients out of restraint. Desiring to carry out this spirit of the law, I employed additional nurses and attendants, and have practically abolished the use of restraint on the asylum wards of the hospital. One result observed under nonrestraint has been more frequent occurrence of minor assaults by disturbed patients upon others, causing bruises and other slight injuries. I am told that this is also observed in other institutions, where no restraint is used.

Occupation. — Fifty-six per cent. of men and 52 per cent. of women were occupied during the past year. This is not a large number compared with the results at Gardner colony. There, however, they are supposed to have all able-bodied patients. Here there are a certain proportion of bedridden and feeble cases, as well as recent cases in bed for treatment; and not considering the 225 private patients, who are not obliged to work, though some do, the proportion of able-bodied State patients working is much larger than it would appear from the percentage given. Efforts are continually made to induce all able-bodied patients to do some work. At the new colony on Heath hill, with nearly all able-bodied women, 93 per cent. are at work daily. In addition to those employed in ward work, in the steward's department, laundry and sewing room, the men patients at the Warren farm and Richmond colony have done much work out of doors, by the use of pick, shovel and wheelbarrow. The excavation for the new colony, for the sanatorium and sewage reservoir, and for 2,500 feet of connecting pipe, was done by the labor of male patients. They also assist with the farm work and other work requiring manual labor. Some of the women patients at the new colony on the hill are employed in work outside, and in the spring they will be given a large garden to care for.

At the Richmond colony repairing and making shoes have been started, and we expect soon to be able to manufacture and repair all the shoes needed by the patients.

BOSTON STATE HOSPITAL.

Opened in December, 1839. Present capacity, 1,037; increase for the year, 277.

Valuation of plant, per capita of capacity, \$1,750; real estate, \$1,660; personal, \$90.

Daily average number of patients, 853; increase for the year, 37.

Number Oct. 1, 1911, 869.

All commitments, 669; increase for the year, 152.

Commitments as insane, 433; increase for the year, 26.

First cases of insanity, 357; 82.45 per cent.

Voluntary admissions, 25.

Emergency commitments, 24.

Temporary care admissions, 342.

Commitments as inebriate, none.

First Cases of Insanity.

Native-born patients, 50.99 per cent.; mothers, 24.42 per cent.; fathers, 23.25 per cent.

Age sixty years or over, 20.79 per cent.

Resident in cities or large towns, 100 per cent.; country districts, 0 per cent.

Previous duration of insanity, under six months, 47.35 per cent.

Curable forms of insanity, 32.77 per cent.

Causes: congenital, 1.12 per cent.; hereditary, 9.80 per cent.; alcoholic, 19.60 per cent.; senility, 13.16 per cent.; coarse brain lesions, 6.44 per cent.; syphilis, 10.64 per cent.

Recoveries of the Insane.

Whole number, 66; 15.24 per cent. of commitments.

Recoveries of first cases of insanity, 52; 14.56 per cent. of first cases.

Recoveries in curable group A, 49; 41.88 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 140; 10.74 per cent. of whole number of persons treated.

Curable forms of mental disease present in 20.71 per cent.; tuberculosis in 4.28 per cent.; senile insanity in 40.71 per cent.; general paralysis in 22.14 per cent.; coarse brain lesions in 14.28 per cent.

Finances.

Expenditures from maintenance funds, \$223,582; total receipts, \$28,641; being \$19,750 from private patients, \$7,411 from reimbursing patients, \$1,480 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.97.

Weekly per capita cost of whole service, \$2.34; ward service, \$0.98.

One person employed for every 3.62 patients; 1 nurse for every 6.14 patients.

Average monthly wage for all persons employed, \$36.65; for nurses, \$26.13; men, \$29.35; women, \$24.32.

Extract from Superintendent's Annual Report.

The variety of disorders which came under care, and the extent to which the opportunity to secure prompt relief in emergency situations was taken advantage of, augur well for the success of the permanent psychopathic wards soon to be opened in a more central and accessible location, where, with plenty of room for classification, and the best of equipment for treatment, results may be anticipated of which those here reported are but the promise.

We have not had to contend this year with any unusual sickness among patients or employees, and have been relatively free from such diseases as tuberculosis, dysentery and diarrhoeal disorders. Segregation of the tubercular and their treatment in the open air during the mild season, together with the maximum of outdoor life for the whole population, and scrupulous care in the handling of garbage and the exclusion of flies, are measures which have no doubt contributed to this result. An effort, more or less successful, was made to curtail the breeding of flies, by screening and prompt removal of manure from the stables, and cleaning up other breeding places; and in general the sanitary condition of the premises has been improved by the substitution of granolithic pavement for cobblestones in the kitchen yard, laying drains, filling low marshy spots, etc. . . .

We were fortunate in securing, October 1, the services of Miss Ruth W. Lawton, a trained field worker from the Eugenics Record office conducted by Dr. Charles B. Davenport at Cold Spring Harbor, Long Island. The special object of this assignment, which is at the expense of the record office, except for maintenance and incidentals, is the study of heredity in insanity; but in securing data on this subject in the homes of patients and among their relatives and friends, the field worker is able to serve the hospital, the patient and the family in many practical ways. Information is obtained concerning the family, their resources, the home conditions, — the setting in which the patient's disorder occurred, — and concerning the patient's personality, tastes, aptitudes, habits, the stresses to which he was exposed, etc., the soil on which the psychosis developed and its exciting causes, — all of which are important aids to the physicians in forming their judgment of the nature and needs of the case. Then, when it is a question of the patient's discharge, such a survey of the situation in which he is placed, and a supervision by visits during the trial period, will constitute the most effective sort of after care.

Recognizing the possibilities of more thorough, lasting and far-reaching benefit to the patients and to the community by thus extending the hospital's function, and taking an active part in the campaign for the prevention of insanity, I believe the time has come for the establishment of an after-care and social-service department as an integral part of the hospital organization. It should command the interest and attention of all the medical officers, but should be under the special charge of a physician, who, with the necessary experience and knowledge, combined with certain essential qualifications, including conviction and enthusiasm, might devote himself (or herself) to this most interesting and fruitful field. The results would have to be meager indeed not to amply repay to the State the added cost of the service. . . .

The percentage of patients employed at all kinds of work, including that done in the wards, is for the men 60 per cent., and for the women 65 per cent. Aged and infirm patients, the bedridden and the violent will account for practically all of the remainder.

WORCESTER STATE ASYLUM.

Opened in October, 1877. Present capacity, 1,112; increase for the year, 121.

Valuation of plant, per capita of capacity, \$1,081; real estate, \$962; personal, \$119.

Daily average number of patients, 1,116; decrease for the year, 13.

Number Oct. 1, 1911, 1,189.

Admitted by transfer, 155; increase for the year, 94.

Deaths of the Insane.

Whole number, 49 ; 3.90 per cent. of whole number of persons treated.

Tuberculosis was present in 12.24 per cent. ; senile insanity in 10.20 per cent. ; general paralysis in 2.04 per cent.

Finances.

Expenditures from maintenance funds, \$258,490 ; total receipts, \$9,687 ; being \$7,878 from reimbursing patients, \$1,809 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.36.

Weekly per capita cost of whole service, \$1.84 ; ward service, \$0.64.

One person employed for every 4.17 patients ; 1 nurse for every 9.08 patients.

Average monthly wage for all persons employed, \$33.39 ; for nurses, \$25.32 ; men, \$26.51 ; women, \$24.24.

Extract from Superintendent's Annual Report.

In my last annual report I called your attention to the steadily diminishing death-rate of the institution. A still further diminution has taken place during the past year, making the lowest mortality ratio since the opening of the institution. Pneumonia stands first as a causative factor of death, with tuberculosis a close second, though this latter cause does not occupy as prominent a place as in many former years.

With the evolution in the care and treatment of the insane each year the activities of the institution take on more varied forms. A greater degree of personal attention is given to the patients and a higher grade of service is required of the nurses. This necessitates more and better-paid employees. This will doubtless tend to a greater stability in service. While the rotation in employees is only a little less than last year, considerable less difficulty has been experienced in obtaining sufficient numbers, and those applying have been of a rather higher grade.

At the colony there has been a large amount of out-of-door work accomplished, in all cases largely by the labor of patients. Special nurses have been employed, whose exclusive duties have been to interest patients in active employment and to supervise their work. Many of the recruits to these working crews have come from the most unpromising and incorrigible of our patients. The out-of-door women workers have had full care of the grounds around the wards of the female de-

partment, have done considerable grading and filling, farm work, and much other work of a general character. The maintenance of this crew has not only been of individual benefit to its members, but has done much to promote the general peace and quiet of the wards.

The male patients have assisted in the redemption of some 10 acres of land, which has been seeded down and next year will go to increase the amount of mowing lands.

At the asylum no special work of new construction has been entered upon. The work of general repair has been carried on, and considerable shop work done for the colony operations.

At the Grafton colony the work of building and the general activities of colony development have progressed as rapidly as possible. Two dormitory buildings for 50 patients each are approaching completion, and are already partially occupied. These are one-story wooden buildings with field-stone basement. They are so located that the basement is entirely out of the ground in the rear and largely so on the ends, the front alone being against a bank. This is a basement chiefly in name, and makes very proper and satisfactory day rooms, the upstairs part being devoted to single rooms and dormitories. These buildings have no guards at the windows. A good galvanized fly screen serves the double purpose of keeping out flies and offers a slight resistance to exit that in the majority of cases is sufficient.

MEDFIELD STATE ASYLUM.

Opened May, 1896. Present capacity, 1,543.

Valuation of plant, per capita of capacity, \$1,135; real estate, \$1,022; personal, \$113.

Daily average number of patients, 1,729; increase for the year, 96.

Number Oct. 1, 1911, 1,730.

Admitted by transfer, 162; decrease for the year, 54.

Deaths of the Insane.

Whole number, 94; 5.04 per cent. of whole number of persons treated.

Tuberculosis was present in 18.08 per cent.; general paralysis in 5.32 per cent.

Finances.

Expenditures from maintenance funds, \$338,708; total receipts, \$12,551; being \$10,385 from reimbursing patients, \$2,166 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.74.

Weekly per capita cost of whole service, \$1.47; ward service, \$0.60.

One person employed for every 4.97 patients; 1 nurse for every 10.17 patients.

Average monthly wage for all persons employed, \$31.80; for nurses, \$26.66; men, \$30.04; women, \$24.69.

Extract from Superintendent's Annual Report.

The past year has been one of unusual sickness. A mild epidemic of diphtheria was protracted into the month of May. During this epidemic it became necessary to vacate one of the buildings occupied by female patients and transform it into an isolation hospital, the upper story being for sick patients and the lower floor for sick employees. There were no deaths due to this disease.

More women patients have been employed this year than usual, largely in sewing and in gardening. Last year I asked for an increase in the appropriation for wages, so as to put the attendants, both men and women, on a sixty-hour week basis, similar to the system employed in other State institutions for the insane. The maintenance was approved very late in the season and at a time of year when it was most difficult to obtain attendants, so that this was not fully carried out. It is hoped to bring this change about very soon. The percentage of change among employees upon ward duty has been the largest this year of any year, and I can but believe that it is partly due to the long hours of service. The weekly per capita cost has been \$3.76.

Improvements to be asked for. — I recommend that your Board ask of the Legislature an appropriation of \$17,227, the estimate made for building three cottages for employees, of the same type as those now in use, and completed in 1906, the lower floor to provide a tenement for a married male attendant, the upper floor to provide 8 beds for female employees. Those now in use have been so successful that an extension of this system is warranted. The male attendant who can have a family and live at home, returning to his family after his work is completed, is much better satisfied, and is more devoted and intelligent in his service to the institution. These cottages will also provide an economical way for housing female employees, attendants and others.

Training School. — A class of 9 young women was graduated on July 6. This class did not have the advantage of the longer service which is now provided for at the Boston City Hospital, so that the effect of this change upon the training school is not yet fully determined. It must, however, be beneficial to the nurses, and indirectly react to the benefit of the institution. I recommend that the time of

graduation be extended to October 1, instead of July, as it has been. This will round out more fully the two years which the nurses give for their training course, and also bring the graduation exercises in a more agreeable season, and coincident with the yearly opening of the school.

Extract from Trustees' Annual Report.

While the practice of the institution has for years been along the lines of the new statute regarding restraint, the moral effect of that statute has been to make the attendants fearful and nervous, to the detriment of the discipline of the institution. Several nurses have been injured by female patients, and several of the best have left the work for this reason. Could we have unlimited means at our command it would be comparatively easy to have attendants enough so these things could not happen. Much more might also be done to occupy those patients, who will not work except when under constant supervision. While much has been done in many lines of industrial pursuits, without a large expenditure for instruction and supervision, we can never expect to make a very creditable showing in this line, owing to the low grade of cases committed to our care.

GARDNER STATE COLONY.

Opened in October, 1902. Present capacity, 623; increase for the year, 43.

Valuation of plant, per capita of capacity, \$995; real estate, \$825; personal, \$170.

Daily average number of patients, 653; increase for the year, 50.

Number Oct. 1, 1911, 674.

Admitted by transfer, 69; decrease for the year, 31.

Deaths of the Insane.

Whole number, 11; 1.58 per cent. of whole number of persons treated.

Tuberculosis was present in 36.36 per cent.

Finances.

Expenditures from maintenance funds, \$126,230; total receipts, \$2,681; being \$1,227 from reimbursing patients, \$1,454 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.63.

Weekly per capita cost of whole service, \$1.37; ward service, \$0.43.

One person employed for every 6 patients; 1 nurse for every 13.45 patients.

Average monthly wage for all persons employed, \$35.74; for nurses, \$25.48; men, \$28.34; women, \$19.71.

Extract from Superintendent's Annual Report.

Our industrial buildings are a source of great satisfaction to all. We do not consider the amount of work accomplished of chief importance, but the systematic method of getting patients interested, and teaching them the different industries, step by step, is our chief aim. A better name for our industrial buildings would be schools, as each industrial building is provided with trained instructors, who follow up each case day by day. Our nurses from the wards also go to the industrial buildings for instruction, and then try to get patients on their wards who are unable to go to the industrial building interested in some industry. At the present time 90 patients go to the industrial buildings daily.

We would like more of the younger cases of dementia præcox, so that we can, by re-educational methods, discover how much this apparent dementia may be averted, and to what extent these cases may be developed. Many cases transferred to us in times past have been cases whose mental trouble developed late in life. While we can improve such cases to a certain extent, we cannot expect to accomplish as much as with the cases whose trouble began earlier in life.

Outdoor Industries.— We have continued the reclamation of waste land during the past year, have built several new roads about the colony, and have done considerable grading and clearing about the various groups. Crops have been very satisfactory and will provide an abundant supply of all kinds of vegetables for the year.

Women have been employed in gardening at Highland cottage and Fairview cottage, and we hope to provide more outdoor work for women next year.

MENTAL WARDS, STATE INFIRMARY.

Opened in October, 1866. Present capacity, 673.

Valuation of plant, per capita of capacity, \$769; real estate, \$614; personal, \$155.

Daily average number of patients, 739; increase for the year, 23.

Number Oct. 1, 1911, 743.

Commitments as insane, 85; increase for the year, 9.

First cases of insanity, 76; 89.41 per cent.

Admitted by transfer, 86; increase for the year, 19.

First Cases of Insanity.

Native-born patients, 43.42 per cent.; mothers, 31.34 per cent.; fathers, 30.30 per cent.

Age sixty years or over, 14.47 per cent.

Resident in cities or large towns, 82.89 per cent.; country districts, 17.10 per cent.

Previous duration of insanity, under six months, 30.88 per cent.

Curable forms of insanity, 11.84 per cent.

Causes: congenital, 2.76 per cent.; hereditary, 25 per cent.; alcoholic, 23.68 per cent.; coarse brain lesions, 11.84 per cent.; syphilis, 9.21 per cent.

Recoveries of the Insane.

Whole number, 2; 2.35 per cent. of commitments.

Recoveries of first cases of insanity, 2; 2.63 per cent. of first cases.

Recoveries in curable group A, 2; 22.22 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 98; 10.95 per cent. of whole number of persons treated.

Tuberculosis was present in 18.37 per cent.; senile insanity in 30.61 per cent.; general paralysis in 6.12 per cent.; coarse brain lesions in 33.67 per cent.

Extract from Superintendent's Annual Report.

Increasing interest has been evident, throughout the year, in matters relating to the Training School for Nurses, in those in charge of the school, the head nurses and the pupils. Improvement in the quality of their work has been marked in many ways, and a much larger number has continued and completed the full three years' course of training than ever before. Although diplomas have been presented in some cases, according to the usual custom at the completion of the three

years' course, the large classes finishing in or about June and November prompted us to arrange formal programs for these occasions. The curriculum for 1911-12 has been arranged with a great deal of care, and extended so as to add much of interest and value to the work of the pupils.

In accordance with a vote of the Board of Trustees, a men's training school for nurses has been established for those male nurses and attendants who wish to take advantage of such a course, and already considerable interest has been manifested in this department.

Although a great deal of work in manufactures and special industries in our sewing rooms, carpenter and mechanic shops and elsewhere has always been done, by taking up the matter in a more systematic way, by making greater endeavors and increasing the number and variety of occupations, the results, this year, have been more gratifying than before. The greatest obstacle has been that there were no suitable places or rooms that could be used for these purposes. We have, however, taken a number of our basements and adapted them, to some extent, for this work. Many new things have been added to our list, and a very much larger output has resulted, part of it being due to the increase in mechanical equipment, but much of it due to the larger number of people employed. This refers to the general institution as well as to the department for the insane, and although the primary intention with all of the patients, as far as possible, is to absorb their attention in some form of manual work or other interests, yet we do make considerable effort to direct them along the lines that will be of some importance in the general economics of the institution.

In regard to the children, considering the history of the institution from the beginning, and various reasons for which children come to the State Infirmary, it seems inevitable that a certain number should be cared for here. There are many infants born here. There are small children who are admitted with their parents for a short stay, often preliminary to transfer out of the State or across the water. There are others admitted with some form of chronic diseases which cannot be well treated in private homes, or are especially objectionable in other institutions or departments. To meet this urgent need a hospital for children was built three years ago, with a capacity for 100, at quite a distance from our main group of buildings. in which place all objectionable criticism in regard to the caring of children at the State Infirmary might be satisfactorily answered. We have, however, been burdened with a steadily increasing number of children and minors during the last year, until the number has reached 400 under the age of twenty-one, and among this increase, especially, has been a large proportion of feeble-minded cases.

It has been a distressing matter to all concerned here in their endeavors to properly care for these 400 minors with a suitable capacity

for only 100, necessitating the presence of large numbers of children in various departments which should be normally occupied only by adults. The fact that so many of the children are defectives is a misfortune to others with whom they come in contact, and it is difficult to give them the care which they need. We hope that we may soon be relieved, in some way, of these excessive numbers.

BRIDGEWATER STATE HOSPITAL.

Opened in September, 1886. Present capacity, 740; increase for the year, 78.

Valuation of plant, per capita of capacity, \$600; real estate, \$476; personal, \$124.

Daily average number of patients, 726; increase for the year, 65.

Number Oct. 1, 1911, 744.

Commitments as insane, 106; decrease for the year, 28.

First cases of insanity, 91; 85.85 per cent.

Admitted by transfer, 1.

First Cases of Insanity.

Native-born patients, 46.15 per cent.; mothers, 20.88 per cent.; fathers, 18.68 per cent.

Age sixty years or over, 7.86 per cent.

Resident in cities or large towns, 79.12 per cent.; country districts, 20.88 per cent.

Previous duration of insanity, under six months, 28.09 per cent.

Curable forms of insanity, 14.28 per cent.

Causes: congenital, 7.69 per cent.; hereditary, 7.69 per cent.; alcoholic, 48.35 per cent.; senility, 7.69 per cent.; coarse brain lesions, 4.39 per cent.

Recoveries of the Insane.

Whole number, 14; 13.21 per cent. of commitments.

Recoveries of first cases of insanity, 11; 12.08 per cent. of first cases.

Recoveries in curable group A, 11; 84.61 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 20; 2.46 per cent. of whole number of persons treated.

Tuberculosis was present in 5 per cent.; senile insanity in 15 per cent.; general paralysis in 35 per cent.; coarse brain lesions in 25 per cent.

MONSON STATE HOSPITAL.

Opened in May, 1898. Present capacity, 853.

Valuation of plant, per capita of capacity, \$977; real estate, \$826; personal, \$151.

Daily average number of patients, 822; increase for the year, 91.

Number Oct. 1, 1911, 851.

Insane commitments, 37; decrease for the year, 19.

First cases of epilepsy, 181; being 94.75 per cent. of all epileptics received.

The general statistics for the year are: —

	INSANE.			SANE.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Oct. 1, 1910,									
Admitted within the year,	175	182	357	220	193	413	395	375	770
Viz.: by commitment,	60	27	87	124	106	230	184	133	317
by transfer,	25	9	37	80	74	154	108	83	191
from escape,	28	17	42	—	—	—	25	17	42
from visit,	—	—	—	4	—	4	—	—	4
Whole number of cases within year,	7	1	8	40	32	72	47	33	80 ¹
Discharged during year,	235	209	444	344	299	643	579	508	1,087
Viz.: State patients,	33	27	60	99	77	176	132	104	236
as recovered,	7	6	13	40	30	70	47	36	83
as capable of self-support,	—	—	—	—	—	—	—	—	—
as improved,	6	6	12	36	28	64	42	34	76
as not improved,	1	—	1	4	—	4	5	—	7
died,	16	18	34	21	15	36	37	33	70
transferred,	1	—	1	—	—	—	1	—	1
on escape Oct. 1, 1911,	2	—	2	3	—	3	5	—	5
on visit Oct. 1, 1911,	—	3	3	—	—	—	—	—	—
Patients remaining Sept. 30, 1911,	202	182	384	245	222	467	447	404	851
Viz.: State patients,	192	172	364	231	205	436	423	377	800
private patients,	—	—	—	11	9	20	15	12	27
reimbursing patients,	4	7	13	3	8	11	9	15	24
Number of different persons within the year,	229	208	437	315	281	596	544	489	1,033
Number of different persons admitted,	54	26	80	96	88	184	76	65	141 ²
Number of different persons admitted by commitment,	9	9	18	80	74	154	108	83	191
Number of different persons dismissed,	28	26	54	71	59	130	99	85	184 ³
Number of different persons dismissed to community,	27	26	53	71	59	130	98	85	183 ³
Number of different persons discharged capable of self-support,									
Daily average number of patients,	196.74	183.78	380.52	234.00	207.09	441.09	430.74	390.87	821.61
Viz.: State patients,	185.60	176.81	362.41	217.95	191.04	408.99	403.55	367.85	771.40
private patients,	4.45	3.00	7.45	11.01	9.18	20.19	15.46	12.18	27.64
reimbursing patients,	6.69	3.97	10.66	5.04	6.87	11.91	11.73	10.84	22.57

¹ Nominally admitted to discharge; insane; males, 5; females, 1; total, 6; sane; males, 28; females, 18; total, 46; totals: males, 33; females, 19; total, 52.

² One male discharged as sane and recommitted as insane; 1 male discharged and recommitted as sane.

³ One male twice discharged, once as sane and once as insane.

First Cases of Epilepsy.

Native-born patients, 86.74 per cent.; mothers, 35.91 per cent.; fathers, 38.67 per cent.

Mean age at onset of epilepsy, 13.1 years; when admitted, 21.46 years.

Resident in cities or large towns, 75.69 per cent.; country districts, 24.31 per cent.

Deaths of Epileptics.

Whole number, 34; 7.78 per cent. of whole number of persons treated.

Tuberculosis was present in 11.42 per cent.; epilepsy was the immediate cause of death in 47.14 per cent. Mean age at first attack of epilepsy, 18.26 years; at death, 34.8 years.

Finances.

Expenditures from maintenance funds, \$189,196; total receipts, \$12,800; being \$7,511 from private patients, \$3,193 from reimbursing patients, \$358 from cities and towns, \$1,738 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.31.

Weekly per capita cost of whole service, \$1.81; ward service, \$0.73.

One person employed for every 4.83 patients; 1 nurse for every 9.78 patients.

Average monthly wage for all persons employed, \$38.03; for nurses, \$31.15; men, \$35.34; women, \$27.42.

Extract from Trustees' Annual Report.

The Children's Colony. — Early in October, 1910, the children's colony was opened with 6 boys. Before the 1st of November 7 more were admitted, and by the last of December the total admissions of boys had been 40.

The girls' building was opened the last of November, 1910, with 13 girls. On the 1st of January, 1911, there were 75 children in the colony, — 40 boys and 35 girls.

At the present time there are in this group 53 boys and 66 girls, — 119 in all.

This group has been placed under the special care of Miss Clifton, assistant superintendent, who reports directly to the superintendent, Dr. Flood.

The school in this group was started in November, 1910. The morning is devoted to the more feeble-minded, who are able to do only kindergarten work. They learn to sing, march, string beads, cut and paste pictures and other things adapted to their powers.

In the afternoon those children are taught who can learn at least something.

The problem of the education of children of the class with whom we have to deal is a very serious and somewhat complicated one.

We have two great practical divisions for these children as regards primary school education; first, those who can learn practically nothing because of mental impairment, the lower and some of the middle-grade feeble-minded, — these are called in other institutions the custodial cases; second, those who can learn something, — school cases.

As regards the custodial cases our problem is simple. For the lower grade cases little can be done, nor is it worth while to attempt much of anything beyond certain kindergarten work in the way of teaching. The higher grade custodial cases may possibly, some of them, be able eventually to do some manual work. Farm work is, however, probably the best occupation for most of them as they grow older.

In regard to the school cases, these may again be roughly divided into two categories: (1) those who are distinctly feeble-minded, middle or high grade, in addition to their epilepsy; (2) those whose minds are clear or only partially clouded through epilepsy, and who are not otherwise feeble-minded.

It is not the purpose of the trustees to receive in this hospital, except under special circumstances, children who are, and are likely to be, capable of attending the public school and profiting by such attendance.

The children of the first category of school cases should be educated as far as possible similarly to those with an equal state of mental deficiency in the State institutions for the feeble-minded, due allowance, however, being made for the fact that they are also epileptic.

It is with the children of the second category that the most serious educational questions are presented. These children can learn and sometimes appear to learn quite readily, but after a time, especially if their attacks have been at all numerous, they forget all they have learnt for some period previously, and at the end of the year are no farther, perhaps less, advanced than at the beginning. The value of the ordinary school education is for such children very problematical. The time ordinarily given to this should in the case of these children be devoted to manual training. This has proved a greater success with this class than the ordinary intellectual work.

This will probably in the future be thoroughly tested, until we can definitely determine for what kinds of manual labor our epileptics are best fitted.

FOXBOROUGH STATE HOSPITAL.

Opened in February, 1893. Present capacity, 299.

Valuation of plant, per capita of capacity, \$1,410; real estate, \$1,226; personal, \$184.

Daily average number of patients, 378 (inebriates, 165; insane, 213); increase for the year, 59.

Number Oct. 1, 1911, 373.

Finances.

Expenditures from maintenance funds, \$99,273; total receipts, \$6,659, being \$1,671 from private patients, \$2,617 from reimbursing patients, \$690 from cities and towns, \$1,681 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.99.

Weekly per capita cost of whole service, \$1.88; ward service, \$0.43.

One person employed for every 4.57 patients; 1 nurse for every 17.07 patients.

Average monthly wage for all persons employed, \$37.32; for nurses, \$31.90; males, \$32.11; females, \$24.36.

Statistics regarding the insane will be found, with those of other institutions for the insane, in the appendix.

The general statistics for the year relative to inebriates are: —

Patients in hospital Oct. 1, 1910,	. . . . .	109
Admissions within the year,	. . . . .	717
By commitment,	. . . . .	126
By transfer,	. . . . .	—
By return from leave of absence of previous year,		37
By return from escape of previous years,	. . . . .	—
By return from visit of previous years,	. . . . .	—
Voluntary,	. . . . .	477
Nominally for discharge,	. . . . .	77
Whole number of cases within the year,	. . . . .	826

Final discharges within the year,	438
By death while in house,	4
By death while on leave of absence,	—
By death while on visit,	—
By death, escaped,	—
As insane,	7
By time limit while in house,	6
By time limit while on leave of absence,	81
By time limit while on visit,	—
By time limit, escaped,	1
As not to be benefited by further treatment while in house,	260
As not to be benefited by further treatment while on leave of absence,	5
As not to be benefited by further treatment while on visit,	4
Expiration of visit,	70
Deported,	—
 Patients absent, not finally discharged, dismissed 1911,	221
Leave of absence,	83
Escaped,	1
Visit,	137
 Patients absent, not finally discharged, dismissed in previous years,	80
Leave of absence,	77
Escaped,	3
Visit,	—
 Patients remaining in hospital Sept. 30, 1911,	167
Viz.: State patients,	163
Private patients,	4
Reimbursing patients,	—
 Number of different persons within the year,	726
Number of different persons admitted,	625
Persons admitted from community,	588
Persons dismissed,	570
 Daily average number of patients,	165.18
Viz.: State patients,	158.76
Private patients,	5.40
Reimbursing patients,	1.02

Inebriates.

Daily average number, 165.

Commitments, 126; decrease for the year, 168.

Voluntary admissions, 477; increase for the year, 303.

Admitted for the first time to any institution for the treatment of inebriety, 472, or 78.27 per cent.

Admitted to this hospital for the first time, 516, or 85.57 per cent.; 71 for the second; 15 for the third, and 1 for the fourth.

First Cases of Inebriety.

Native-born patients, 86.04 per cent.; natives of Massachusetts, 72.09 per cent.; 33.52 per cent. of the mothers were native born; 31.78 per cent. of the fathers were native born.

Average age at which habit began, 26.27 years; when admitted, 37.14 years; 62, or 12.01 per cent., were over 50 years old when admitted.

Average known duration of inebriety before admission, 10.88 years.

Resident in cities or large towns, 480, or 93.02 per cent.; country districts, 36, or 6.98 per cent.

Two hundred and sixty-nine were discharged as not to be benefited by further treatment.

Extract from Trustees' Annual Report.

It is now four years since the present Board of Trustees was appointed. During this period not only have the number of cases under treatment largely increased, but these cases are representative of the whole State instead of a few cities. Moreover, there has been a constant and satisfactory improvement in the personnel of the patients, in the results obtained from their treatment and in the physical condition of the hospital and its equipment. The new law permitting voluntary admissions came into full operation during the past year. Four hundred and seventy-four voluntary cases were admitted after investigation and examination, and 75 per cent. of the inebriate population of the hospital now consists of voluntary cases. This means a saving to the county treasuries of approximately \$10,000 in a single year, but it also means that the hopeless and helpless class of dipsomaniacs which formerly filled our wards has, to a very large degree, been replaced by men whose bodies are still sound, and whose desire to shake off their weakness is strong enough to make them active contributors to their own

cure. As such patients quickly recognize that the limited accommodations of the hospital are sufficient only for those who show substantial evidence of improvement, the system of locked doors, which a few years ago seemed a necessity, has now practically disappeared, and the problem of escapes seems permanently to have passed away.

Extract from Superintendent's Annual Report.

The success of the out-patient department of the hospital is now assured. Its operation has been of incalculable benefit to the discharged patient, and of decided educational assistance, as it has brought to the attention of the public the aims and purposes of the hospital. I wish to say frankly that I am of the opinion that the out-patient department should be maintained and supported by the hospital. It must be an integral part of the hospital system, and although it is desirable that it should be allied to societies of kindred interests, it should be considered as a part of the institution which it represents. In a former report (the nineteenth annual report of the trustees of the Foxborough State Hospital) the objects of the out-patient department were outlined. It is evident that these results can only be actually realized when the person or persons engaged in out-patient hospital work are familiar with the patient's environment before and after his hospital treatment; in other words, the out-patient worker must have an accurate life history of the patient. Furthermore, the patient must recognize that the out-patient care is a continuation of the medical treatment begun at the hospital.

During the past year we have been able to conduct an office in Boston. This has been of considerable assistance to us in carrying out the work of the department.

While necessarily the out-patient physician is concerned with the patient and his surroundings before his hospital treatment and during his hospital residence, the main purpose of the physician is to direct and encourage the patient after he is discharged from the institution.

The out-patient physician is therefore able to give statistics which will accurately determine the result of treatment.

When considering the result of treatment it must be remembered that the total number of discharges is considered. No attempt has been made to differentiate the cases, and both desirable and undesirable cases are included. Each case has been considered individually, the following conditions determining the final report of the result of treatment:—

1. The type of inebriety, divisible for practical purposes into three classes:—

(a) The regular drinker, one accustomed to the use of stimulants daily.

(b) The irregular drinker, one accustomed to the use of stimulants at short intervals.

(c) The periodical drinker, one accustomed to drink at periodical intervals, periods of months or years elapsing between the periods of insobriety.

Thus a man whose period of drinking occurs at intervals of six months may be admitted to the hospital in a state of acute alcoholism, recuperate rapidly and leave the hospital in six or eight weeks; under usual conditions this man would not relapse for four or five months; therefore the report of the result of hospital treatment should be suspended for a considerable period; at least, a final report on the case should not be made until one or more of the man's episodial attacks of drinking have been successfully combated. On the other hand, if a man, who had been a regular or irregular drinker before his hospital treatment, is abstinent for a considerable period after his discharge from the hospital (we have tentatively placed this period at six weeks), we are justified in considering the man as improved.

2. The conduct and attitude of the patient after his discharge from the hospital. Under this caption we consider the ability of the man to earn his livelihood, and his success in readjusting himself to society.

3. The willingness of the patient to co-operate with hospital authorities after his discharge from the hospital. . . .

Of 949 patients discharged from the hospital whose present condition is ascertainable, 189, or 20 per cent., are abstinent; 204, or 21 per cent., are improved; and 556, or 59 per cent., are unimproved.

It would therefore appear that 41 per cent. of all patients who have been discharged from the hospital have been benefited by institutional treatment.

As formerly stated, such statistics are of little value unless the present condition of the patient is compared with his condition previous to his admission to the hospital. These cases will be consistently followed up and proven from month to month. . . .

The lower floor of the industrial shop has been converted into a cement brick factory, with adequate facilities for making and curing cement bricks. Additional space affords an opportunity for the making of other cement products, such as sewer pipe, fence posts, etc. During the year cement sewer pipe, cement castings and blocks and 100,000 cement bricks have been made, which have been used in construction work. Three hundred and twenty-one square yards of granolithic sidewalk have been laid. Six hundred and nine linear feet of granolithic curb and gutter have been built. Nine hundred and twenty-five linear feet of dry boundary stone wall have been constructed. Granolithic floors have been laid in the basements of all the wards and shops.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT
WALTHAM.

Opened in October, 1848. Present capacity, 1,440; at Waltham, 1,140; at Templeton, 300.

Valuation of plant, per capita of capacity, \$691; real estate, \$587; personal, \$104.

Daily average number of patients, 1,370; increase for the year, 36.

Number Oct. 1, 1911, 1,375.

The general statistics for the year are:—

	Males.	Females.	Totals.
Number present Sept. 30, 1910,	801	552	1,353
Admitted during the year,	179	85	264
School cases,	50	27	77
Custodial cases,	70	41	111
By transfer,	2	1	3
From visit,	26	11	37
From escape,	1	—	1
Nominal admissions,	30	6	36
Whole number of cases within the year,	980	637	1,617
Dismissed within the year,	167	75	242
Discharged,	63	32	95
Capable of self-support,	1	2	3
Improved,	47	13	60
Not improved,	15	17	32
Died,	17	15	32
Transferred,	4	—	4
On visit Sept. 30, 1911,	72	27	99
On escape Sept. 30, 1911,	11	1	12
Number present Sept. 30, 1911,	813	562	1,375
State patients,	773	534	1,307
Private patients,	18	13	31
New England beneficiaries,	22	15	37
Daily average number of patients,	819	551	1,370
Number Sept. 30, 1911, at school,	583	562	1,145
Number Sept. 30, 1911, at colony,	230	—	230
Applications during the year,	—	—	446

Finances.

Expenditures from maintenance funds, \$276,032; total receipts, \$24,647; being \$11,944 from private sources, \$1,557 from reimbursing patients, \$9,437 from cities and towns, and \$1,709 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.83.

Weekly per capita cost of whole service, \$1.51; ward service, \$0.71.

One person employed for every 5.36 patients; 1 nurse for every 8.77 patients.

Average monthly wage for all persons employed, \$35.28; for nurses, \$27.12; men, \$31.97; women, \$26.27.

Extract from Superintendent's Annual Report.

The number of applications for admission has steadily increased from 142 in 1889 to 484 in 1911. There are many reasons for this increase. The number would be much larger but for the well-known overcrowded condition of the institution. The subject of feeble-mindedness has been largely discussed and written about. The nature of feeble-mindedness is much better understood by parents, teachers, physicians, court officers, etc. Many applicants for admission to-day would not have been considered feeble-minded twenty years ago. There has been a growing public sentiment that feeble-minded children are entitled to training and education according to their capacity. There has been a rapidly increasing demand for custodial care of helpless idiots and of feeble-minded women of the child-bearing age. The modern community demands protection from the newly understood menace of irresponsible feeble-minded persons at large. The widespread exodus from country to city life is a factor. Many feeble-minded persons who were comfortably cared for at home under rural conditions become troublesome and dangerous in the city. The State has provided comfortable and attractive institution conditions. It is probable that the friends of the feeble-minded have much greater confidence in the institution than formerly.

Private investigation by experienced and competent observers in various localities indicates that there are at least 2 feeble-minded persons to every 1,000 of the population of the State. With a total population of 3,366,416 for 1910 this means a probable total of over 6,700 feeble-minded in the State. There is no reason for thinking that we have a larger relative number of feeble-minded than exists in other States and countries.

It is probable that the large increase in the number of feeble-minded persons now under care in the institutions, and in the number of applications for admission to the institutions, is not proof of a great increase in the number of cases of feeble-mindedness in the community, but rather is evidence of the progressive education of the people of the State as to the existence and significance of feeble-mindedness, and the need of permanent custodial care of the feeble-minded. It is known that the so-called high-grade imbecile is especially dangerous to society because of his irresponsibility and criminal propensities. It is now generally understood that feeble-mindedness is often the direct result of the hereditary transmission of mental defect; that the feeble-minded female is very likely to bear children, and that these children are almost certain to be defective, criminal or permanently dependent in some way. To segregate the feeble-minded is to cut off one of the most prolific sources of crime, degeneracy and pauperism.

This year we have been obliged to refuse a very large number of applications for the admission of feeble-minded women, many of whom have already given birth to one or more children. There is a very strong sentiment in the State for adequate provision for custodial care of all of this class of feeble-minded women. The prolific progeny of these women, almost without exception, are public charges from the date of their birth. . . .

For several years past we have noted the strong tendency to commit to this institution cases where the mental defect is relatively slight, and the immoral and criminal tendencies are strongly developed. In these cases the mental weakness is the cause of the moral delinquency and is a permanent condition.

This class of defective delinquents of both sexes is well known in every police court, jail, reformatory and prison. The defectives found in the various penal institutions nearly all belong to this class. There is a close analogy between the defective delinquent and the "instinctive criminals," who form a large proportion of the "prison rounder" type. Under present conditions these persons are discharged upon the expiration of their sentences, to lay tribute upon the community, to reproduce their own kind, to be eventually returned to prison again and again.

At the last session of the Legislature a law was passed (chapter 595, Acts of 1911) providing for the legal recognition of this special class of "defective delinquents," and for the establishment of special departments for them at the Reformatory for Women, the Massachusetts Reformatory and the State Farm. It also provided for the proper commitment of this class, with suitable provision for permanent detention, but with the possibility of future parole or discharge in suitable cases.

The application of this law will mark the beginning of a new epoch in the treatment of a large class of defective criminal offenders who

have never before been legally recognized. At first it will probably result in the recognition and permanent detention of defective delinquents who are now under sentence in the penal and reformatory institutions. Suitable cases may be committed to these special departments from the community or from other institutions by the district and other courts.

If consistently applied it is probable that this law will eventually result in the commitment of a large number of defective delinquents. In this institution we now have at least 25 patients of this type. It is probable that in the near future a separate institution will be needed for defective delinquents, perhaps one for each sex.

WRENTHAM STATE SCHOOL.

Opened in June, 1907. Present capacity, 380.

Valuation of plant, per capita of capacity, \$966; real estate, \$855; personal, \$111.

The general statistics for the year are:—

	Males.	Females.	Totals.
Number remaining Sept. 30, 1910,	114	100	214
Admitted within the year,	71	25	96
By commitment,	56	22	78
By transfer,	4	1	5
Returned from visit,	6	2	8
Returned from escape,	—	—	—
Nominally from visit,	4	—	4
Nominally from escape,	1	—	1
Whole number of cases within the year,	185	125	310
Dismissed within the year,	30	13	43
Viz.: Died,	1	1	2
Discharged,	17	3	20
Transferred,	2	—	2
Escaped,	3	—	3
On visit,	7	9	16
Remaining Sept. 30, 1911,	155	112	267
Daily average number,	143.61	106.17	249.78

Finances.

Expenditures from maintenance funds, \$61,973; total receipts, \$670; being \$51 from private patients and \$619 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.58.

Weekly per capita cost of whole service, \$1.95; ward service, \$0.58.

One person employed for every 4.69 patients; 1 nurse for every 10.25 patients.

Average monthly wage for all persons employed, \$39.71; for nurses, \$25.99; men, \$31.48; women, \$25.15.

Extract from Superintendent's Annual Report.

The smaller girls and boys have been in their various schools, industrial and training classes, during the entire year, with the exception of the summer vacation period. The children spent the greater part of this vacation in the open, the little girls, however, assisting in the various domestic occupations, and the little boys taking an active part in the work of the farm gardens. Each week during the vacation period a picnic was given for these smaller children. These picnics were a very pleasant feature and added much to the children's happiness during the summer months.

The farm boys have shown even greater interest than ever before in the development of the farm, raising crops, clearing land, forestry, care of the stock, building roads, laying water pipes, drain pipes, etc. . . .

The school department has made satisfactory progress during the year. Many children have come to us wholly untamed, destructive, untidy, with vicious habits and hard to control, but under persistent, quiet and forceful instruction they have responded well, and are making excellent improvement. The whole institution is organized on an educational basis. When the various industries and occupations are considered from the educational standpoint, the accomplishing of the necessary work about the institution is a comparatively easy matter. Therefore the educational activities are not confined to the schoolrooms; but the fact is constantly emphasized that true education is not what an individual knows but what he can do.

An outdoor schoolroom has been organized. This is a yard 150 feet long and 50 feet wide. The furnishings consist of a marching circle, a resting seat, two stone circles, sand boxes, hand saws, hammers, nails, shovels, buck saws and wood. Into this yard we take our most restless, destructive and untidy children, and give them instruction in marching, silence classes, striking a block of wood with a hammer, sawing wood, shoveling sand from one long box into a parallel box, carrying stones from one circle to the other and carrying wood from one location and placing it in another definite location. The children have responded splendidly to this treatment. Several have graduated

from these classes and have been promoted into the regular school-rooms. Others have graduated from these classes and are assisting on the farm. Many girls who have been given instruction in this outdoor training school have ceased to be untidy, restless and inattentive, and are now assisting in the various domestic occupations about the school. Apart from the pleasure of redeeming these children from ugliness, and saving them from a life of destructiveness and transforming them into a life of partial usefulness, it is scarcely possible to estimate the financial saving to the community.

HOSPITAL COTTAGES FOR CHILDREN.

This is a private institution, for which the Governor appoints five trustees, in addition to those selected by the corporation. It is maintained from the income of private funds, donations and the board of patients. State and town charges are received for \$3.25 a week, although the weekly cost of support is considerably in excess of this amount. In consideration of this service the State has from time to time appropriated money for buildings and structural improvements. It is subject to supervision by the State Board of Insanity, to which it makes a financial statement, and furnishes such other information as may be required.

Opened in June, 1882. Present capacity, 140. Daily average number, 133.

Valuation of plant, per capita of capacity, \$683. Permanent funds, \$320,771. Expenditures for maintenance, \$36,210. Receipts, \$57,704; support of State charges, \$17,334; from cities and towns, \$508; from individuals for support of patients, \$7,498; from sales, contributions and other sources, \$32,363. Weekly per capita cost of maintenance, \$4.99.

The general statistics for the year are:—

Patients in the hospital Oct. 1, 1910,	138
Admitted within the year,	45
Whole number of cases within the year,	183
Dismissed within the year,	59
Viz.: As recovered,	5
As much improved,	13
As improved,	26
As not improved,	9
As died,	6

Patients remaining Sept. 30, 1911,	124
Viz.: State patients,	91
Town patients,	2
Private patients,	31
Daily average number of patients,	133
The largest number on any day,	140
The smallest number on any day,	119

Twenty-nine epileptics were admitted, being 64.44 per cent. of all admissions. Fifty epileptics were dismissed (including 26 removed to Monson State Hospital); 9 not improved; 24 improved; 12 much improved; 2 recovered; 3 died.

Extract from Trustees' Annual Report.

The average number of children in our care has been larger than last year, notwithstanding the effort we have made to reduce the number sufficiently to enable us to renovate the east wing. While waiting for the possibility of vacating that building, the work of renovation has been going on in other parts of the plant, including a great deal of outside painting, renewal of corridor walks and roof covering, and quite extensive repairs of the Wheeler cottage and the stable.

The schools, for many years maintained for the benefit of the children, have held their usual prominent place in our work, and the course of instruction of late years provided for our nurses has been continued, with evident increase of appreciation on the part of the nurses and value to the hospital.

THE PRIVATE INSTITUTIONS.

THE McLEAN HOSPITAL.

Opened in October, 1818. Present capacity, 225.

Valuation of plant, per capita of capacity, \$8,448.

Average weekly per capita cost of maintenance, \$25.13.

Daily average number of patients, 220; decrease for the year, 1.

Number Oct. 1, 1911, 217.

All commitments, 167; increase for the year, 5.

Commitments as insane, 156; increase for the year, 2.

First cases of insanity, 106; 67.95 per cent.

Voluntary admissions, 82; increase for the year, 15.

Emergency commitments, 6; decrease for the year, 5.

Temporary care admissions, 6.

First Cases of Insanity.

Native-born patients, 81.13 per cent.; mothers, 68.93 per cent.; fathers, 66.99 per cent.

Age sixty years or over, 14.15 per cent.

Resident in cities or large towns, 74.53 per cent.; country districts, 25.47 per cent.

Previous duration of insanity under six months, 49.06 per cent.

Curable forms of insanity, 53.77 per cent.

Causes: hereditary, 51.89 per cent.; alcoholic, 4.71 per cent.; coarse brain lesions, 9.43 per cent.; syphilis, 9.43 per cent.

Recoveries of the Insane.

Whole number, 44; 28.21 per cent. of commitments.

Recoveries of first cases of insanity, 30; 28.30 per cent. of first cases.

Recoveries in curable group A, 27; 47.37 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 23; 6.08 per cent. of the whole number of persons treated.

Curable forms of mental disease present in 26.09 per cent.; senile insanity in 4.35 per cent.; general paralysis in 17.39 per cent.; coarse brain lesions in 26.09 per cent.

Extract from Superintendent's Annual Report.

During the last three months of the calendar year 10 patients, 8 men and 2 women, were admitted under chapter 395, Acts of 1911, for temporary care. Of these, 2 signed application for voluntary admission, 5 were committed and 3 were discharged within the legal limit of seven days. This method of admission for temporary care is superior to that formerly in use, as outlined in section 44, chapter 504, because of its simplicity and its freedom from annoying and delaying formalities, in which respect it approaches the voluntary admission. It will be much more frequently employed by physicians as soon as they become familiar with it. Although a request only is necessary to secure immediate hospital care for certain patients, of whose need there can be no doubt but of whose sanity there is not sufficient evidence to sign

a certificate, yet the rights of the individual are protected by the provisions for a formal commitment, a voluntary request to remain in the hospital or a discharge within a period of seven days. Of the 188 patients admitted, 24 were transferred from other hospitals; and of the 193 discharged, 23 were taken to other hospitals in this or other States.

Warm Baths.—The prolonged warm bath is one of the most efficient remedial agents for the treatment of excited patients. It is no new thing, and a word is here written not in advocacy of its use, which is not needed at this day, but concerning the method of its employment. If the patient is put in the tub swathed in sheets, or is fastened in by a cover, through which the head protrudes, it is a most restraining form of restraint, analogous to the warm or cold packs which are no longer used here; but if the patient is invited to the bath, and is at liberty to play with the water and to get in and out of the tub at will, it becomes a pleasure, with no suggestion of restraint, and it also is much safer, since few excited patients are so stupid as not immediately to jump out if the water suddenly becomes too warm, or if they have any other uncomfortable sensations, such as possibly might be caused by a lowered blood pressure. In the use of these baths there is a tendency to the lighting up of chronic middle ear troubles, and there is need of care in cases of chronic heart disease and of arteriosclerosis.

Occupation.—The work in the various forms of handicraft has been continued in the women's gymnasium during the last year with increasing interest. A new loom has been purchased on which has been done a finer grade of work, both in plain and pattern weaving, than formerly was possible. The six looms which are now in this room have been quite fully employed, and one or two more would be added if in the rear of the room there was sufficient light for the purpose. So much interest has been manifested and so great has been the benefit that the services of the teacher have been secured for an additional day, and the instruction has been given for five days in each week. It has been a great resource for many patients, has provided for them pleasant occupation, and has substituted, for the time being at least, simple, healthful mental states for those that are more complicated and distressing.

A number of the men have been employed as usual during the winter months in the carpenter shop, and there has been special interest in golf because of three cups which were offered by two patients for competition during the season.

Garden.—During the summer a garden was again provided for the patients, from which they could gather flowers at will. It was located, as before, near the greenhouse, and afforded over fifty different varieties of flowers. The greenhouse during the colder months has furnished, considering its size, a surprisingly large number of potted plants and cut flowers for the patients' sitting-rooms.

OTHER PRIVATE INSTITUTIONS

licensed by the Governor and Council under the provisions of section 24, chapter 504, Acts of the Legislature of 1909, number 23. Additional licenses were granted during the year as follows: on March 15, 1911, to Richard C. Cabot, M.D., in Brookline, for the care and treatment of persons addicted to the intemperate use of narcotics or stimulants; and on Dec. 7, 1910, to C. C. Nicola, M.D., in Attleborough, for the care and treatment of the insane, epileptic, feeble-minded, or persons addicted to the intemperate use of narcotics or stimulants. On June 21, 1911, Harriet E. Reeves, M.D., was granted a new license to care for the insane, feeble-minded, epileptic and inebriate, on her removal to Melrose Highlands.

On Sept. 30, 1911, there were in these institutions 174 patients, an increase of 5 for the year. The insane numbered 114, or 65.51 per cent. There were 166 admissions of the insane and 156 dismissals during the year.

The numbers on Sept. 30, 1911, for each institution are set forth in the following tabulation:—

INSTITUTIONS.	NUMBER OF PATIENTS SEPT. 30, 1911.											
	INSANE.			SANE VOLUNTARY.			NON-MENTAL.			TOTALS.		
			Totals.			Totals.			Totals.			Totals.
	Males.	Females.		Males.	Females.		Males.	Females.		Males.	Females.	
Bournewood, Henry R. Stedman, M.D.,	5	8	13	1	2	3	1	4	5	8	13	
Channing Sanitarium, Walter Channing, M.D.,	1	13	14	1	2	3	1	4	1	19	20	
Norwood Private Hospital for Mental Diseases, Eben C. Norton, M.D.,	1	1	2	1	1	2	1	1	1	1	3	
Pine Terrace, W. F. Robie, M.D.,	6	1	7	1	1	2	3	1	3	2	5	
Herbert Hall Hospital, John Merrick Bemis, M.D.,	1	15	16	1	1	2	1	1	6	16	22	
Newton Sanatorium, N. Emmons Paine, M.D.,	1	1	2	1	1	2	1	1	1	1	3	
Locust Grove Asylum, Miss Alice R. Cooke,	2	3	5	1	1	2	2	5	5	5	10	
Dr. Ring's Sanatorium, Allan Mott Ring, M.D.,	4	4	8	1	2	3	3	7	5	13	18	
Framingham Nervine, Ellen L. Keith, M.D.,	2	7	9	1	1	2	3	7	5	14	19	
Wellesley Nervine, Edward H. Wiswall, M.D.,	1	1	2	1	1	2	1	1	1	2	3	
Private Hospital, J. F. Edgerly, M.D.,	5	4	9	1	1	2	1	1	5	4	9	
Private Hospital, George B. Coon, M.D.,	1	1	2	1	1	2	1	1	1	7	8	
Highland Hall, Samuel L. Eaton, M.D.,	1	9	10	1	3	4	1	2	1	11	12	
Dr. Reeves' Nervine, Harriet E. Reeves, M.D.,	1	4	5	1	1	2	1	6	1	5	5	
Wheeler Sanitarium, Mrs. Maria H. Paul,	1	11	12	1	1	2	1	6	1	17	17	
Arlington Health Resort, Arthur H. Ring, M.D.,	1	1	2	1	1	2	1	1	1	1	2	
Private Hospital, Edward B. Lane, M.D.,	1	1	2	1	1	2	1	1	1	1	2	
Private Hospital, H. N. Archibald, M.D.,	1	1	2	1	1	2	1	1	1	1	2	
Private Hospital, Henry C. Baldwin, M.D.,	3	7	10	1	1	2	3	7	3	7	10	
Newton Nervine, Edward Mellus, M.D.,	1	1	2	1	1	2	1	1	1	1	2	
Glenside, Mabel D. Ordway, M.D.,	1	1	2	1	1	2	1	1	1	1	2	
Concroft, Robert T. Edes, M.D.,	1	1	2	1	1	2	1	1	1	1	2	
Charles B. Towns Hospital, Richard C. Cabot, M.D.,	24	90	114	3	9	12	11	37	48	38	174	
Totals,	24	90	114	3	9	12	11	37	48	38	174	

Of the 23 persons holding license for the maintenance of private hospitals for the insane, 3 are not taking any patients and 2 care for but one patient each. Thirty-five visits were made to these remaining 18 places during the year.

The standards of care, treatment, service, accommodations, equipment and medical attention vary much in these smaller institutions and are somewhat commensurate with the rates charged. The personality and ideals of the owner also determine the standards maintained. It would be impossible to require uniform conditions in these institutions which exist under such different circumstances. Even a standard quality of nursing could hardly be insisted upon. Obviously a small hospital, with four quiet, chronic patients, can serve its purposes satisfactorily without the skilled, experienced and active nursing force which would be required for the same number of acute cases whose recovery is expected and for whom methods of care and treatment are more important. In some of the private hospitals only trained or long experienced nurses are employed, while in others the less experienced are relied upon, mainly because the rates paid will not permit the employment of the higher grades.

The reluctance on the part of certain individuals in the community to send patients to the State institutions is very strong. It seems to rest on the long-lived prejudice against hospitals for the insane, fear of the stigma attached to one who has been an inmate, and the dread of possible unkind treatment or neglect when one becomes one of a mass in the large hospitals. To obviate these prejudices and fears patients are sometimes sent to the small private hospitals at great sacrifice, although the advantages in the matter of study, observation and treatment are often superior in the State institutions, particularly for the acute cases. It is apparently true, however, that very violent, destructive, noisy and untidy patients are rarely cared for in the smaller private institutions unless a very substantial charge is met, and not even then if the comfort or convenience of other patients is materially interfered with.

The demand in this State for the private care of insane per-

sons who require abundance of skilled nursing and luxurious surroundings appears to be not greater than the supply. In some instances the charges might seem to be in excess of the value received. In many instances, however, the reverse is true, and indeed it is often impossible to give a money value to skill and kindness, or to the enormous relief from care, anxiety, responsibility and nervous strain on the part of family or friends. The demand for much at small recompense is as true of some of those patronizing private hospitals with low charges as it is of some of the patients in our State institutions. There are, therefore, many things to be considered in estimating the equity of charges for private service. On the whole, it is believed that unreasonableness in charges is the exception, but it is to be regretted that people of small means cannot be persuaded of the futility of making great sacrifice to meet the charges of a private hospital when it is known from the start that the illness is to be either a prolonged one or incurable. The satisfaction of feeling that one has done all that one could to keep a relative or friend out of a State hospital would seem to be small recompense for the sacrifice made when the ultimate application to the State for care is practically certain. This explanation is often fully made to the applicants for the admission of a relative or friend to a private hospital, but it rarely is acted on.

The private hospital meets an important demand in the community, but the demand for private care of the insane of all classes at low rates cannot be met properly except in institutions that are endorsed or dependent on other funds than those received from their patients.

With the present system of State supervision it is believed that the spirit of interested kindness governs the treatment of patients in our private hospitals. The neglect (if one may call it such) which patients in private hospitals with low charges may be said to suffer from, when compared with the advantages and equipment of the expensive private hospital or the State hospital, is mainly due to the lack of things which money can buy, viz., skilled service, abundance of service, liberal diet,

methods of treatment, etc. It is impossible to require these advantages by law, and it would seem unjust to close up these places which answer a certain demand of people.

Nevertheless, supervision and suggestion stimulate the proprietors to a better standard of the conduct of their institutions and to the strict observation of the laws, and are a safeguard to the patients in matters of appeal and dissatisfaction. It has also protected the proprietor, in some instances, by advice in regard to the un wisdom of attempting the care of patients who evidently demanded care and attention which the particular hospital could not well furnish.

Clinical records of the physical examinations, progress of the case, treatments, etc., are widely variant. In a few instances they are very complete and carefully maintained, while in others they are entirely lacking. Suggestions as to the importance of such records for the clinical study and careful following of cases have been made and better methods have been installed in some places.

Better filing and care of commitment papers have been instituted in some hospitals; the better safeguarding of poisonous drugs and medicines has been inquired into, and many other such matters have been brought to the attention of the owners whenever there appeared to be any laxity in practice.

UNLICENSED PRIVATE HOSPITALS AND HOMES.

During the year 19 new places which came to the notice of the Board were investigated. Of these 19, 6 were maintained by nurses, 5 by women of considerable experience, 4 by corporations, 3 by physicians and 1 by a woman of no experience. In none of these were any gross violations of the law found. In only one was there any practice resembling seclusion or restraint. Here the patient, a blind man, was locked in his room at night, and then the man of the house slept in the same room with the patient. Another patient in the same house, an old lady, is at night kept from wandering about by a slat fence, which keeps her in a limited area of her room at night only. This room, however, opens out of the room in which the woman

of the house sleeps, and the door is always left open. The arrangement seemed to be humane and adequate. The family, living in rather a remote district, appeared not to be acquainted with the provisions of the law. The male patient is perhaps insane. He is, however, nearer his old home than he would be in any State or licensed private hospital. The arrangement seemed to be safe and the care adequate to his needs. No immediate change was demanded, and the place will be kept under supervision. In another place there was a case of involuntional melancholia, who has since been removed by her family.

In 3 places there were found mental cases of other types. The commitment of these cases was not deemed necessary, but the taking of such patients in the future was forbidden. On the whole, the large majority of the patients found in these places were cases of senile dementia, hemiplegia, or those suffering from chronic organic disease, as cardiac or renal affection, cancer, tuberculosis, etc.

Besides the licensed hospitals there are now 18 of these unlicensed homes which require the oversight of the Board because of the nature of the cases cared for. As stated in the last report, persons suffering from mental affections which can be classified as senile enfeeblement, or certain others of a mild nature, where the risk involved is a reasonable one and the care satisfactory, were not disturbed.

Besides these places visited for the first time there were 31 visits made to unlicensed homes which had before been investigated and required further supervision as above stated.

It is even more difficult in these unlicensed homes to maintain anything approaching a standard. Conditions of reasonable comfort and safety have been demanded, and a strict exclusion of mental cases insisted on where the conditions have not seemed reasonably sufficient. Most of these smaller places care for patients at low rates, from \$6 to \$12 or \$15 per week. Many of the inmates have been sent by a physician who can be called in case of need, and many of the owners have some special physician whom they are accustomed to call in case of necessity.

These homes or sanitariums also appear to fill a demand

and furnish a means of relief to those of small means, who are burdened with the care of chronic invalids for whom it is not possible, without great sacrifice and hardship, to provide at home. In those of considerable size (some of them accommodating 25 or 30 people) there is always danger of mental cases being admitted, particularly if they can pay \$15 or \$20 per week. A more or less regular supervision of these places is, therefore, desirable, and a necessity if the senile and paralytic cases with mental symptoms are allowed. The care is sometimes not perfect for untidy and helpless patients because of the impossibility of employing abundance of help. Nevertheless, as far as can be judged from unannounced visits, conditions have been found to be remarkably good in most cases, although open to criticism in some instances.

There are doubtless very many homes in the Commonwealth, unknown to the Board, where one or more invalids are cared for, and doubtless among these would be found the insane, epileptic, feeble-minded or drug habitués. Where there is any reason to suspect the presence of these classes, investigation has been made and the law explained. Many such homes are started only to be discontinued in a short time because of lack of business, lack of capital or inability to continue conscientious attempts to give adequate care to persons requiring much attention at low rates. While there will always be possibilities of infractions of the law, generally through ignorance and without intention, it is believed that there is no considerable work of this kind to which legal exception could be taken. The knowledge of the law is pretty well disseminated, and effort is made to keep it so among those who are caring for the sick as a business in private homes or sanitariums of their own. It is believed that the liberal interpretation of the law made by the Board has resulted in the least possible disturbance of those who wish to maintain small homes for invalid people, and at the same time has brought about better standard of care in those which are permitted to continue. Supervision is of such importance, however, that it is an open question whether it would not be desirable to require all persons who desire to keep places for the care of any kind of sick people to be licensed by the State.

FAMILY CARE OF THE INSANE.

UNDER STATE BOARD.

First patient boarded in a family, Aug. 10, 1885. Since placed, 1,104 different patients.

Number in families, Oct. 1, 1911, 298; 14 men, 284 women. Placed during the year, 83 persons, an increase of 8.

Daily average number for the year, 272; an increase of 30.

Passed out of public support: —

During the year, 9, a decrease of 4; viz.: discharged self-supporting, 2; self-supporting in families, 6; boarded with friends without public expense, 1.

Since 1885, 229 different patients, viz.: discharged self-supporting, 91; discharged to care of friends, 38; self-supporting in families, 61; boarded with friends without public expense, 22; became private patients, 17.

Reappeared under public support: —

During the year, 5; since 1885, 63; 28 per cent.

Number of families having patients, 147, an increase of 16; 80 families having 1 patient; 24 families, 2; 9 families, 3; 27 families, 4; 7 families, 5.

Number of cities and towns in which patients are boarded, 61, an increase of 3. Largest number of patients in any one town, 65; of families, 24.

The general statistics for the year are: —

	1911.			INCREASE FOR THE YEAR.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Remaining Sept. 30, 1910,	14	261	275	4	30	34
Admitted within the year,	5	80	85	3 ¹	9	6
By transfer from institutions,	5	80	85	2 ¹	12	10
Nominally at end of visit, for discharge,	—	—	—	1 ¹	3 ¹	4 ¹
Whole number of cases within the year,	19	341	360	1	39	40
Dismissed within the year,	5	57	62	1	16	17
Viz.: Discharged,	—	9	9	4 ¹	4	—
Capable of self-support,	—	9	9	4 ¹	6	2
Requiring further care,	—	—	—	—	2 ¹	2 ¹
Transferred to institutions,	3	43	46	3	7	10
Unsuitable,	1	19	20	1	6	7
Temporarily,	—	13	13	—	4 ¹	4 ¹
Ill,	2	11	13	2	5	7
Died,	1	5	6	1	5	6
Escaped,	1	—	1	1	—	1
Remaining Sept. 30, 1911,	14	284	298	—	23	23
Viz.: Supported by State,	7	244	251	—	23	23
Reimbursing,	—	15	15	—	6	6
Private,	2	9	11	—	—	—
Self-supporting,	5	13	18	1	7 ¹	6 ¹
Living with friends without public aid,	—	3	3	1 ¹	1	—
Number of different persons within the year,	19	336	355	2	41	43
Number of different persons admitted,	5	78	83	2 ¹	10	8
Number of different persons dismissed,	5	56	61	2	19	21
Daily average number,	13.59	258.88	272.47	2.78	27.97	30.75
State,	6.99	222.76	229.75	2.15	22.32	24.47
Reimbursing,	—	10.70	10.70	—	4.19	4.19
Private,	2.00	9.61	11.61	.34	2.50	2.84
Self-supporting,	4.15	13.47	17.62	.84	.18	1.02
Living with friends without public aid, . . . . .	.45	2.34	2.79	.55 ¹	1.22 ¹	1.77 ¹

¹ Decrease.

The total and weekly per capita expenditures of the State on account of patients in private families for the year ending Nov. 30, 1911, and since Oct. 1, 1889, are shown as follows:—

	Fiscal Year ending Nov. 30, 1911.	Since Oct. 1, 1889.
Payments for board,	\$37,891 38	\$522,493 89
Average number of patients, exclusive of private patients, .	264.67	190.16
Weekly per capita cost of board,	\$2 75	\$2 38
Payments for extra clothing not included in board rate, . .	\$155 78	\$1,919 06
Payments for medical attendance, etc., not included in board rate,	\$172 97	\$3,881 48
Weekly per capita cost of such expenses, outside of board rate,	\$0 02	\$0 03
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.).	\$2 77	\$2 41
Payments for supervision (being transportation, salaries and ex- penses of visitors).	\$5,643 43	\$66,349 19
Average number of patients,	276.46	196.62
Weekly per capita cost of supervision,	\$0 39	\$0 29
Weekly per capita cost of support and supervision, . .	\$3 16	\$2 69

First Admissions.

Of the 66 first admissions, 26 had been in institutions continuously for less than a year; 6, one to two years; 7, two to three years; 13, three to four years; 1, five to six years; 3, six to seven years; 2, seven to eight years; 1, eight to nine years; 1, nine to ten years; 5, ten to fifteen years; 1, thirty-five to thirty-six years. The average hospital residence was three years, seven months.

Of the 32 persons so residing less than two years, 11 had been previously insane inmates of institutions.

Of the 66 persons first admitted, 12 were returned to institutions and one escaped. The remainder were successfully boarded; 3 became self-supporting, 26 improved mentally and physically, 8 improved physically, 1 improved mentally and 15 made no improvement.

Readmissions.

Of the 19 such cases, 11 were readmitted for the first time, 6 for the second time, 1 for the fifth time and 1 for the seventh time. Eight had remained in institutions after return from boarding less than a year; 1, one to two years; 1, two to three years; 3, three to four years; 1, four to five years; 2, five to seven years; 1, eleven to twelve years; the average duration being three years, four months.

Request of relatives,	2
Better accommodations,	8
To be cared for temporarily,	8
Patient dissatisfied,	14
Patient troublesome,	24
Caretaker ill,	5
Caretaker died,	1
Caretaker unsuitable,	4
Caretaker giving up patients,	11

Deaths.

Six patients died; 1 after boarding less than a year; 1, two to three years; 1, four to five years; 3, seventeen to twenty-one years.

In addition, 7 died in institutions within six months after returning.

Escapes.

Two patients left their caretakers without leave. One was apprehended and was allowed to remain in the family in which she was living, and the other has not been found.

Families.

The 298 patients remaining Sept. 30, 1911, were in 147 families, an increase of 16. Seventy-six families had 1 patient each; 24 families, 2; 9 families, 3; 27 families, 4; 7 families, 5; 5 patients chose their own boarding-place.

Twelve of these patients were with relatives, 13 with interested friends.

Sixty new families applied for patients, 7 being rejected. Thirty-nine new families were given patients within the year.

Two families became unsuitable and patients were withdrawn.

Cities and Towns.

The patients remaining Oct. 1, 1911, resided in 61 cities and towns:—

Amesbury, 2; Arlington, 1; Ashfield, 3; Ashland, 4; Attleborough, 1; Bellingham, 1; Billerica, 3; Boston, 4; Bridgewater, 1; Brockton, 1; Brookfield, 4; Cambridge, 1; Chelmsford, 1; Cummington, 1; Danvers, 1; Dover, 5; Easthampton,

2; Easton, 4; Framingham, 3; Goshen, 2; Hanover, 1; Haverhill, 1; Hawley, 1; Holliston, 6; Hopkinton, 8; Hyde Park, 1; Leicester, 4; Lowell, 2; Milford, 3; Needham, 3; New Bedford, 2; New Braintree, 1; Newton, 1; Northampton, 1; North Brookfield, 22; Norton, 3; Norwood, 2; Petersham, 2; Prescott, 1; Princeton, 1; Quincy, 1; Raynham, 1; Reading, 4; Revere, 1; Rochester, 1; Salem, 2; Somerville, 3; Southborough, 5; Stoneham, 1; Taunton, 15; Tewksbury, 65; Tyngsborough, 1; Walpole, 9; Westborough, 44; Weymouth, 1; Whitman, 1; Williamsburg, 4; Wilmington, 22; Winchester, 1; Woburn, 4; Worcester, 1.

UNDER TRUSTEES.

The trustees of institutions were authorized, by chapter 458 of the Acts of 1905, to place their patients in the care of private families under substantially the same conditions as the State Board.

First patient boarded in a family, June 13, 1905. Since placed, 36 different patients.

Number in families Oct. 1, 1911, 11; 1 man and 10 women.

Placed during the year, 4 persons, the same as last year.

Number of families having patients, 7, an increase of 1; 5 families having 1 patient; 2 families, 3.

Number of towns in which patients are boarded, 7, an increase of 2. Largest number of patients in any one town, 3; of families, 1.

The general statistics for the year are:—

Northampton State Hospital.

	1911.			INCREASE FOR THE YEAR.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Remaining Sept. 30, 1910,	2	8	10	2	-	2
Admitted within the year,	-	5	5	2 ¹	3	1
Whole number of cases within the year,	2	13	15	-	3	3
Dismissed within the year,	1	3	4	1	1	2
Viz.: Returned to hospital,	1	1	2	1	-	1
Ill,	1	1	2	1	-	1
Died,	-	1	1	-	1	1
Discharged,	-	1	1	-	-	-
Remaining, Sept. 30, 1911,	1	10	11	1 ¹	2	1
Supported by State,	-	7	7	-	1	1
Private,	-	2	2	-	-	-
Self-supporting,	1	1	2	1 ¹	1	-
Number of different persons within the year,	2	12	14	-	2	2
Number of different persons admitted,	-	4	4	2 ¹	2	2
Number of different persons dismissed,	1	3	4	1	1	2
Daily average number,	1.97	7.94	9.91	1.43	.58 ¹	.85
State,	-	6.00	6.00	-	.48	.48
Private,	-	1.54	1.54	-	.46 ¹	.46 ¹
Self-supporting,	1.97	.40	2.37	1.43	.40	1.83
No expense,	-	-	-	-	1.00 ¹	1.00 ¹

¹ Decrease.

THE ALLEGED INSANE, FEEBLE-MINDED AND EPILEPTIC
IN ALMSHOUSES AND IN THE COMMUNITY.

The tentative arrangement has been continued with the State Board of Charity relative to the visitation of alleged insane, feeble-minded or epileptic persons who may be cared for in almshouses or private families under public support.

Three such cases were reported by the Board of Charity, and investigated by a medical officer of the Board of Insanity. Commitment was recommended in one case. Action was not deemed necessary in the remaining two.

Six visits were made to almshouses and private families for special investigation by a medical officer of the Board.

THE STATE BOARD.

PROCEEDINGS.

Twenty-two Board meetings were held during the year.

Nine conferences with the trustees and superintendents of the different institutions were arranged to promote harmonious action with relation to appropriations, construction and general policy.

Thirty-two visits of inspection were made by the Board, in addition to 320 by the executive officer, the deputy executive officer, the pathologist, assistant to executive officer and the financial agent of the Board.

Careful attention has been paid to all complaints as to commitment, discharge, death or treatment of patients, whether originating with the latter or otherwise. One hundred and four special investigations were made in regard to these and kindred matters relating to patients in institutions.

Licenses were granted during the year as follows: to Richard C. Cabot, M.D., for the care and treatment of persons addicted to the intemperate use of narcotics or stimulants, to Dr. Harriet E. Reeves, at her new location in Melrose Highlands, and to Dr. C. C. Nicola of Attleborough, a license for the care and treatment of the insane, epileptic, feeble-minded and persons addicted to the intemperate use of narcotics or stimulants. The license of Dr. Nicola was later revoked by death.

Dr. George F. Jelly, one of the original members of the Board appointed in 1898, serving continuously as chairman until 1908, resigned because of ill health in December, 1910. At the time of his resignation the Board passed the following resolution expressing their appreciation of his services: —

The members of the State Board of Insanity, having learned with great regret that Dr. George F. Jelly has felt compelled to resign his membership on the Board, wish to reaffirm the resolutions of the Board adopted at the time of Dr. Jelly's resignation of the chairmanship.

They desire to again express to him the pleasure they have experienced in his companionship, their great appreciation of his long and invaluable service to the Commonwealth, and their sincere regret that he has considered it advisable to resign. The members of the Board hope and trust that relief from some of his manifold duties may bring to Dr. Jelly renewed health and strength.

Dr. Jelly did not, however, improve as was hoped for, but continued to fail and died Oct. 24, 1911.

Dr. Owen Copp, executive officer of the Board since June, 1899, and secretary since December, 1899, resigned early in the year, terminating his services July 31, to become superintendent of the Pennsylvania Hospital for the Insane, at Philadelphia.

Dr. Copp was peculiarly fitted for the work of the department. Coming from active work as superintendent of the Monson State Hospital he kept ever in sight the institution point of view. Insisting on the integrity of each department he correlated the work of all departments so successfully as to raise the standard of the whole service to a very high degree. By his capable, energetic and straightforward administration he has made an enviable reputation and leaves with the regret and best wishes of all.

Dr. Charles E. Thompson, superintendent of the Gardner State Colony, has been selected to fill the vacancy thus caused.

Dr. Mary L. Neff was appointed supervisor of industries Nov. 6, 1911. Dr. Neff was for two years assistant physician on the staff of the Kings Park, N. Y., State Hospital, largely occupied there and since in the development of industries among the insane.

Her work in Massachusetts will be to further develop industrial treatment through the directors appointed at each institution, by the collection of data and materials, by visitations in this State and elsewhere and by lectures and demonstrations.

PLANS AND SPECIFICATIONS

have been examined and approved by the Board as follows:—

Northampton Hospital.—Additions and alterations in bakery (chapter 156, Resolves of 1911) approved Dec. 21, 1910. Laundry (chapter 156, Resolves of 1911) approved Dec. 21, 1910.

Westborough Hospital.—Veranda on Codman building (chapter 128, Resolves of 1911) approved Dec. 21, 1910. Remodeling and enlarging cottages A and B (chapter 128, Resolves of 1911) approved Dec. 21, 1910. Additional sewage beds (chapter 128, Resolves of 1911) approved Dec. 21, 1910.

Worcester Asylum. — House for female nurses (chapter 149, Resolves of 1911) approved Dec. 21, 1910. Building for patients (chapter 149, Resolves of 1911) approved Dec. 21, 1910.

Gardner Colony. — House for female patients (chapter 129, Resolves of 1911) approved Dec. 21, 1910. House for employees (chapter 129, Resolves of 1911) approved Dec. 21, 1910.

Monson Hospital. — Alterations, engine house (chapter 137, Resolves of 1911) approved Dec. 21, 1910. Addition to laundry (chapter 137, Resolves of 1911) approved Dec. 21, 1910.

Massachusetts School for Feeble-minded. — Addition to Nurses Home (chapter 131, Resolves of 1911) approved Dec. 21, 1910.

Wrentham School. — Sewage disposal system (chapter 152, Resolves of 1911) approved Dec. 21, 1910.

RECOMMENDATION FOR LEGISLATION.

As stated last year, the product of the industries of patients sometimes exceeds the consumption of the institution, and it was deemed desirable to sell any such excess to other institutions. This was provided for by chapter 480, Acts of 1911. By a recent ruling of the Auditor's department a special appropriation will be needed to carry this into effect. The Board recommends legislation embodied in the following draft of a bill to grant such appropriation: —

RESOLVE TO PROVIDE AN INDUSTRIAL FUND FOR INSTITUTIONS UNDER THE SUPERVISION OF THE STATE BOARD OF INSANITY.

Resolved, That there be allowed and paid out of the treasury of the commonwealth a sum not exceeding three hundred dollars to each of the following institutions, for the purpose of maintaining the industries of the said institutions, as provided by chapter four hundred and eighty of the acts of the year nineteen hundred and eleven: — Worcester state hospital, Taunton state hospital, Northampton state hospital, Danvers state hospital, Westborough state hospital, Boston state hospital, Worcester state asylum, Medfield state asylum, Gardner state colony, Monson state hospital, Foxborough state hospital, Massachusetts School for the Feeble-minded and Wrentham state school.

ESTIMATES OF STATE EXPENSES FOR 1912

on account of the insane, feeble-minded, epileptic and inebriates in Foxborough State Hospital amount to \$3,262,070.89, excluding estimates for maintenance of the insane department of the State Infirmity and the Bridgewater State Hospital, whose estimates are inseparable from those of the institutions as a whole, which are supervised by the State Board of Charity. They comprise estimates by the State Board and by the State institutions.

ESTIMATES BY THE STATE BOARD.

- For travelling, office and contingent expenses, including the printing and binding of the annual report, \$9,500
 The increase in the estimate for travelling, office and contingent expenses, etc., is due to an extra visitor in the support department, development of industrial treatment, and standardization of supplies.
- For salaries of officers and employees, \$43,000
 The increase in the estimate for salaries is due to the addition of officers required to promote greater efficiency of the department, including a director of industries, the appointment of whom was made possible by chapter 649, Acts of 1911.
- For transportation and medical examination of State charges under the supervision of the Board, \$11,500
 This estimate is the same as the appropriation of the previous year.
- For the support of State charges boarded out in families, under the supervision of the Board, or temporarily absent under authority of the same, \$43,500
 The increase in the estimate for the support of State charges boarded out in families, etc., provides for an increase in the number, based upon actual expenditures for 1911.
- For the support of State charges in the Hospital Cottages for Children, \$12,500
 This estimate is the same as the appropriation of the previous year.
- For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof, \$2,500
 This estimate is the same as the appropriation of the previous year.

ESTIMATES BY STATE INSTITUTIONS

relate (1) to maintenance expenses, inclusive of repairs and improvements, and (2) special expenditures for new buildings, additions, new furnishings and equipment, in the main.

ESTIMATES FOR MAINTENANCE EXPENSES

of the State institutions have been considered by the Board, as required by section 5, chapter 504, Acts of 1909, and are approved according to the following classification: —

Comparative Estimates for Maintenance during the Fiscal Year 1912.

	AVERAGE NUMBER OF PATIENTS.		Salaries, Wages and Labor.	Food.	Clothing.	Furnishings.	Heat, Light and Power.	Repairs and Improvements.	Farm, Stable and Grounds.	Miscellaneous.	Totals.
	1911.	1912 (estimated).									
Worcester Hospital,	1,371	1,366	\$129,000 00	\$80,000 00	\$10,000 00	\$11,000 00	\$20,000 00	\$18,000 00	\$20,000 00	\$20,000 00	\$308,000 00
Taunton Hospital,	996	1,100	107,000 00	60,000 00	6,000 00	11,000 00	18,400 00	14,000 00	17,000 00	21,600 00	255,000 00
Northampton Hospital,	889	890	68,500 00	49,500 00	5,500 00	5,900 00	11,600 00	12,000 00	17,000 00	11,500 00	181,500 00
Danvers Hospital,	1,446	1,446	145,000 00	72,000 00	13,000 00	17,000 00	27,500 00	42,000 00	21,000 00	22,000 00	359,500 00
Westborough Hospital,	1,127	1,230	129,000 00	75,250 00	9,000 00	13,000 00	30,500 00	16,000 00	20,000 00	18,000 00	310,750 00
Boston Hospital,	858	1,120	144,500 00	65,500 00	10,000 00	13,500 00	23,000 00	12,500 00	15,000 00	22,000 00	306,000 00
Worcester Asylum,	1,132	1,177	112,500 00	63,500 00	13,500 00	11,000 00	27,500 00	12,500 00	16,500 00	12,500 00	269,500 00
Medfield Asylum,	1,730	1,730	143,710 00	96,000 00	22,000 00	10,300 00	34,000 00	9,000 00	23,000 00	13,000 00	351,100 00
Gardner Colony,	661	684	51,500 00	24,000 00	7,000 00	6,000 00	12,500 00	11,000 00	14,500 00	7,000 00	133,500 00
Monson Hospital,	835	860	84,400 00	48,500 00	4,700 00	6,800 00	19,000 00	10,000 00	13,000 00	14,000 00	200,400 00
Foxborough Hospital,	376	375	38,000 00	23,000 00	3,500 00	3,000 00	10,000 00	6,000 00	8,000 00	10,000 00	101,500 00
School for the Feeble-minded at Waltham,	1,377	1,420	112,000 00	64,000 00	15,000 00	11,000 00	17,000 00	17,000 00	28,000 00	18,820 89 ¹	282,820 89
Wrentham School,	238	400	34,350 00	18,000 00	3,500 00	3,500 00	6,000 00	3,500 00	7,000 00	4,150 00	80,000 00
Total,	13,056	13,798	\$1,299,460 00	\$739,250 00	\$122,700 00	\$123,090 00	\$257,000 00	\$183,500 00	\$220,000 00	\$194,570 89	\$3,131,570 89
Expenses, 1911,	-	-	\$1,209,459 69	\$676,598 64	\$118,349 20	\$120,144 09	\$246,733 45	\$173,372 30	\$210,645 07	\$191,178 25	\$2,946,480 69
Increase in estimates for 1912,	-	-	-	\$62,651 36	\$4,350 80	\$2,945 91	\$10,266 55	\$10,127 70	\$9,354 93	\$3,392 64	\$93,090 20
Receipts in Treasury December 1,	-	-	-	-	-	-	-	-	-	-	\$405,112 05
Total to be appropriated in addition to receipts,	-	-	-	-	-	-	-	-	-	-	\$2,734,458 84

¹ Includes sewage disposal.

It thus appears that the estimates for maintenance of State institutions under the supervision of the Board, exclusive of State Infirmary and the Bridgewater State Hospital, amount to \$3,139,570.89, compared with \$2,946,480.69 expended in 1911, — an increase of \$193,090.20, or 6.55 per cent.

The average number of inmates in these institutions next year is estimated to be 13,798, compared with 13,056 the past year, — an increase of 742, or 5.68 per cent.

The increase in this year's estimates is largely due to the increase in the number of inmates to be cared for. The estimates for salaries, wages and labor call for an increase of \$90,000.31, or 46.61 per cent. of the total increase of maintenance expenses. The estimates for food call for an increase of \$62,651.36, or 32.44 per cent. of the total increase of maintenance expenses. These two items account for 79.05 per cent. of the total increase of maintenance expenses.

The Insane in State Institutions

on Oct. 1, 1911, numbered 12,287. The increase under care for the year was 308, compared with 489 during 1910. The average increase for the past five years was 492, 391 the past ten years and 341 the past twenty-five years.

Owing to the fact that accommodations for 828 additional patients have recently been added to the capacity, the overcrowded condition of our institutions is apparently considerably lessened. It must, however, be borne in mind that there were on Oct. 1, 1911, 304 patients sleeping in day spaces, whose beds were removed daily, while accommodations for only 230 additional patients will become available during 1912. Assuming the increase under care during 1912 the same as the average for the past five years, there will remain at the end of the year 566 unprovided for and sleeping in temporary beds in day spaces, while any new provision made in 1912 will not become available until the following year, when the normal increase will have still further increased the overcrowding.

The board has approved plans and specifications prepared by the various institutions for the insane which will provide for 574 insane patients and 186 employees. These provisions are considered necessary to accommodate the normal increase and to prevent a greater degree of overcrowding than now exists.

The Feeble-minded and Sane Epileptic

under care in the two schools for the feeble-minded and the Monson State Hospital on Oct. 1, 1911, numbered 2,109, an increase of 128 for the year, against 171 last year, and 145, the average annual increase for the last five years.

The board has approved plans providing for 273 patients and 26 nurses. There are no buildings under construction for the feeble-minded at the present time, so that until new appropriations are available the present feeble-minded schools at Waverley and Wrentham cannot be enlarged.

The care of the feeble-minded presents a study of large proportions. At the present time less than half of those making written applications at the two schools can be admitted, while there is an estimated number of 6,700 feeble-minded within the Commonwealth. There might be a difference of opinion as to how rapidly the State should provide for these, but little question that the State should as soon as practicable make provision for their care. The Board therefore feels, as it has in past reports stated, that not less than 100 beds should be provided each year, and that as no provision was made in 1911, the plans submitted this year for 273 patients are reasonable and necessary. During the past year about 150 feeble-minded children have been gathered in the almshouse department of the State Infirmary, for whom no adequate provision exists. The State Board of Insanity therefore recommends that special provision be made for their care.

ESTIMATES FOR SPECIAL APPROPRIATIONS

of the State institutions under supervision of the Board, together with the plans and specifications prepared by the several boards of trustees, have been considered, as required by section 5, chapter 504, Acts of 1909, and are classified below, under institutions, accompanied by the opinion of the Board as to their necessity and expediency.

Worcester State Hospital.

Constructing and furnishing an addition to the main building to accommodate 100 male patients, with open-air ward on the roof for tubercular patients, and to provide dining rooms on the lower floor for 125 patients and 80 attendants, thus vacating three ward dining rooms to be used as dormitories for 32 additional patients,	\$84,000
Alterations and repairs necessary in raising the roof of the Salisbury ward, thereby providing for 21 male patients,	10,000
The erection of two passenger elevators, one to convey patients to the roof of the new female ward recently completed, and the other to the roof of the proposed four-story addition to the main building on the male side,	4,200
Purchase of land,	18,000
	<hr/>
	\$116,200

The above estimates are approved by the State Board.

As stated last year, the above addition to the main building would provide the same facilities for the classification and treatment of male patients of the disturbed class as has already been furnished for the same class of female patients. It would afford provision for the isolation and open-air treatment of tubercular male patients. It would furnish a separate dining room for male attendants, who now take their meals in the ward dining rooms with patients. The additional large dining room for male patients would vacate three ward dining rooms, which are now very much overcrowded and in very unsatisfactory condition, for use as dormitories for 32 patients.

The appropriation of \$10,000 for raising the roof of the Salisbury ward, granted last year, has not been utilized, as this work should be done in connection with building the new addition mentioned above, otherwise the appropriation granted would be insufficient.

The appropriation granted last year for two passenger elevators provided money for but one. The request of last year is therefore renewed by the trustees.

The same reason obtains for the purchase of land as stated last year: "The purchase of the land above referred to is very important. It borders land owned by the State, and lies close up to the present buildings. If it should be occupied by private

dwellings, their nearness to the hospital would occasion serious complaint by the public, and impair the usefulness of the institution."

Taunton State Hospital.

Constructing and furnishing two colony buildings on Davis Street,	\$50,000
Constructing and furnishing a dining room building at the Raynham colony,	12,000
	<hr/>
	\$62,000

The above estimates are approved by the State Board.

These buildings of simple type of construction were advocated by the State Board following their policy to care for patients of the quiet, demented type in comparatively inexpensive buildings.

Danvers State Hospital.

Constructing and furnishing a home for 61 nurses,	\$40,000
For repairs on reservoir,	2,600
For additions and alterations in refrigerating plant, . . .	4,250
	<hr/>
	\$46,850

The above estimates are approved by the State Board.

Westborough State Hospital.

For additions and alterations on women's wards,	\$10,000
Purchase of Collins farm,	4,250
Central heating plant,	50,000
	<hr/>
	\$64,250

The above estimates are approved by the State Board.

The question of a central heating and power plant has received consideration by the trustees for several years. They have had a careful expert study made and now present a plan and estimates which clearly demonstrate the advisability of such a plan. The State Board is of the opinion that a spur track to this central plant, contemplated by the trustees for the future, should be constructed as soon as the superintendent can utilize patient labor in such construction. Such a spur track would show a very material saving by delivering all supplies at a point near the institution.

The alterations mentioned are in some of the older wards, which are at present gloomy, unsanitary, and badly in need of repairs.

Boston State Hospital.

Addition to electric light and power plant,	\$16,000
Constructing, furnishing and equipping building for supplies, cold storage and bakery,	42,000
Alterations and repairs in south dormitory of the men's department,	6,000
Constructing and furnishing a house for 42 male nurses,	22,000
Constructing, furnishing and equipping a building for 100 female patients of the disturbed and excited class,	115,000
Constructing and equipping horse and carriage stable, dairy barn and hay barn,	34,500
Extension of sewage and water systems to proposed new buildings,	3,000
	<hr/>
	\$238,500

The above estimates are approved by the State Board.

Worcester State Asylum.

Constructing and furnishing two buildings for 50 patients each,	\$40,000
Constructing and furnishing a house for 50 male nurses,	29,300
Hydrotherapeutic apparatus,	2,400
	<hr/>
	\$71,700

The above estimates are approved by the State Board.

Medfield State Asylum.

Constructing three cottages for employees and nurses,	\$17,227
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The above estimate is approved by the State Board.

Gardner State Colony.

Constructing and furnishing a building for 30 patients,	\$10,800
Constructing and furnishing two cottages, each for 16 patients and 2 employees,	10,800
	<hr/>
	\$21,600

The above estimates are approved by the State Board.

Monson State Hospital.

Constructing and furnishing employees' cottage,	\$6,000
Constructing ice house,	1,000
Constructing cow barn,	5,000
	<hr/>
	\$12,000

The above estimates are approved by the State Board.

In addition to the above, the trustees request an appropriation of \$3,500 for constructing and furnishing a cottage for employees. This request does not receive approval at this time, as the State Board feels that a further study should be made of the location where this would be placed, looking toward the development of a colony group caring for a larger number of patients than at present, in buildings of simple construction.

Massachusetts School for the Feeble-minded.

Constructing a hospital for 63 male patients,	\$35,000
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The above estimate is approved by the State Board.

Wrentham State School.

Constructing and furnishing two dormitories,	\$98,000
Constructing and furnishing a house to accommodate 22 employees,	12,500
Constructing and furnishing a schoolhouse and assembly hall, .	41,500
Remodelling the Hurley house,	1,500
Constructing a carriage and tool house,	1,600
	<hr/>
	\$155,100

The above estimates are approved by the State Board.

Northampton Hospital, State Infirmary, Bridgewater Hospital and Foxborough Hospital have made no requests for special appropriations this year.

SUMMARY OF RECOMMENDATIONS FOR SPECIAL APPROPRIATIONS.

Insane.

Constructing, furnishing and equipping buildings for patients and nurses,	\$450,127
Number of patients provided for,	574
Average per capita cost,	\$589 89
Number of nurses provided for,	190
Average per capita cost,	\$586 98
Patients and nurses provided for,	764
Average per capita cost,	\$589 17
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipping, improvements and repairs,	194,200
Total,	<hr/> \$644,327

Feeble-minded.

Constructing, furnishing and equipping buildings for patients and nurses,	\$145,500
Number of patients provided for,	273
Average per capita cost,	\$487 18
Number of nurses provided for,	22
Average per capita cost,	\$568 18
Patients and nurses provided for,	295
Average per capita cost,	\$493 22
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	44,600
Total,	<hr/> \$190,100

Epileptic.

Constructing, furnishing and equipping buildings for patients and nurses,	\$3,000
Number of patients provided for,	—
Average per capita cost,	—
Number of nurses provided for,	4
Average per capita cost,	\$750
Patients and nurses provided for,	4
Average per capita cost,	\$750
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	3,000
Total,	<hr/> \$6,000

All classes.

Constructing, furnishing and equipping buildings for patients and nurses,	\$598,627
Number of patients provided for,	847
Average per capita cost,	\$556 79
Number of nurses provided for,	216
Average per capita cost,	\$588 09
Patients and nurses provided for,	1,063
Average per capita cost,	\$563 15
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	241,800
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Total,	\$840,427

FINANCIAL STATEMENT.

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1911.

APPROPRIATIONS AND RECEIPTS.						
	Appropriations.	CASH RECEIPTS ON ACCOUNT OF —				Totals.
		Family Care.	State Institutions.	Refunds.	Interest on Bank Account.	
Traveling, office and contingent expenses,	\$8,000 00	-	-	-	-	\$8,000 00
Salaries and wages of officers and employees,	39,000 00	-	-	-	-	39,000 00
Transportation and medical examination of State charges,	11,500 00	-	-	\$22 18	-	11,522 18
Support of State charges boarded out in families,	41,000 00	-	-	-	-	41,000 00
Support of State charges in Hospital Cottages for Children,	12,500 00	-	-	-	-	12,500 00
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof.	2,500 00	-	-	-	-	2,500 00
Payment of damages and other expenses incurred in the taking of land for the Boston State Hospital, chapter 65, Resolves of 1911.	250,000 00	-	-	-	-	250,000 00
Instruction of nurses, attendants and patients, chapter 749, Acts of 1911.	700 00	-	-	-	-	700 00
Cash received in reimbursement for the support of patients,	-	\$1,330 23	\$41,586 72	-	\$53 58	42,970 53
	\$365,200 00	\$1,330 23	\$41,586 72	\$22 18	\$53 58	\$408,192 71

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1911 — Concluded.

	EXPENDITURES AND REMITTANCES.				
	Expenditures from Appropriations.	Balance.	Paid to State Institutions.	Paid to State Treasurer.	Totals.
Traveling, office and contingent expenses,	\$7,674 20	\$325 80	-	-	\$8,000 00
Salaries and wages of officers and employees,	37,189 87	1,810 13	-	-	39,000 00
Transportation and medical examination of State charges,	10,214 82	1,307 36	-	-	11,522 18
Support of State charges boarded out in families,	38,244 83	2,755 17	-	-	41,000 00
Support of State charges in Hospital Cottages for Children,	11,605 20	894 80	-	-	12,500 00
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof.	1,906 39	593 61	-	-	2,500 00
Payment of damages and other expenses incurred in the taking of land for the Boston State Hospital, chapter 65, Resolves of 1911.	5,897 03	244,102 97	-	-	250,000 00
Instruction of nurses, attendants and patients, chapter 749, Acts of 1911,	109 08	590 92	-	-	700 00
Payments of cash received in reimbursement for the support of patients,	-	-	\$41,358 14	\$1,612 39	42,970 53
	\$112,841 42	\$252,380 76	\$41,358 14	\$1,612 39	\$408,192 71

FAMILY CARE OF THE INSANE UNDER THE STATE BOARD.

Under chapter 504, section 71, Acts of 1909, the Board places in private families certain suitable inmates of the institutions under its supervision. For a full report of this work as conducted by the Board and by the trustees of certain institutions, see page 118.

THE SUPPORT DEPARTMENT.

The support department has followed the methods outlined in the last annual report, namely, taking the histories of all patients committed as public charges, to determine their claim for support upon this State, and to ascertain whether there is any property or means available for support, or any one legally liable under the statutes of sufficient ability to support. This involves many visits for investigation by the visitors of the department. The results in detail are made a part of this report.

The authority conferred upon the Board by the provisions of section 82 of chapter 504 of the Acts of 1909, to determine the price of support of State charges at a sum not exceeding \$5 per week, has been of great assistance. In many cases where it is impossible to pay the private rate, which in all the hospitals is not less than \$5 per week, it is possible to arrange for reimbursement at a lesser rate, and to recommend it for acceptance by the Board.

The other provisions of the same chapter concerning the appointment of guardians, the sale of real estate by guardians and similar matters are valuable aids in the work of this department, enabling it to keep in touch with all property matters in which patients supported as State charges are interested.

Because of the provisions of chapter 504 of the Acts of 1909, the receipts on account of reimbursements for support for the year ending Nov. 30, 1911, have been the largest in the history of the department. In all cases, before suggesting the amount to be paid, careful consideration is given to the age of the patient, the condition of those, if any, dependent upon him for support, and thorough investigation covering these points is

made before the rate to be submitted to the Board for their approval is determined.

The following statement shows in detail the work for the year ending Nov. 30, 1911:—

Visits to the hospitals,	91	
Histories taken at the hospitals,	2,758	
Visits to relatives of patients and others for investigation, . . .	1,665	
Cases submitted for deportation to the United States Commissioner of Immigration,	89	
Cases submitted for deportation by the Board,	151	
Cases pending Nov. 30, 1910,	431	
New cases,	733	
	—	1,164
Made private,	101	
Made reimbursing,	348	
Accepted as State charges,	191	
Pending Nov. 30, 1911,	524	
	—	1,164

Private Cases.

Cases pending Nov. 30, 1910,	8	
New cases reported to the hospitals,	125	
	—	133
Reported by hospitals as having been made private,	101	
Made reimbursing,	5	
Dropped, accepted as State charges,	1	
Pending,	26	
	—	133

Reimbursing Cases.

Cases remaining Nov. 30, 1910,	679	
New cases,	348	
	—	1,027
Made private of the above,	4	
Died,	94	
Discharged or on visit Nov. 30, 1911.	154	
Dropped, accepted as State charges,	60	
Remaining in hospitals Nov. 30, 1911,	715	
	—	1,027
Cases referred to the Attorney-General,	6	

Number and Board Rates of Reimbursing Patients for the Year ending Nov. 30, 1911.

INSTITUTIONS.	DAILY AVERAGE NUMBER.		Average Weekly Per Capita Rate.	NUMBER LEFT OCT. 1, 1911.		UNITED STATES DEPORTATION CASES.	
	Males.	Females.		Males.	Females.	Daily Average Number.	Average Weekly Per Capita.
Worcester Hospital,	42.56	61.56	\$3 20	51	55	2.49	\$5 00
Taunton Hospital,	40.54	42.08	3 13	31	31	1.05	5 00
Northampton Hospital,	38.73	58.16	3 01	44	54	.50	5 00
Danvers Hospital,	53.70	85 09	3 16	51	80	2.70	5 08
Westborough Hospital,	25.63	60 21	3 18	31	61	2.63	5 00
Boston Hospital,	15 09	28.18	3 23	11	34	.50	5 40
Worcester Asylum,	19.36	29 20	3 06	17	27	-	-
Medfield Asylum,	25.87	41.15	2 94	24	31	-	-
Gardner Colony,	5 63	2.75	2 82	7	3	-	-
Mental wards, State Infirmary,	-	12 62	3 10	-	7	.69	5 00
Bridgewater Hospital,	2 00	-	3 41	3	-	.21	5 00
Monson Hospital,	11.73	10 84	2 71	9	15	.04	5 00
Foxborough Hospital,	5.18	-	4 04	8	-	-	-
School for Feeble-minded at Waltham,	4.67	4 30	3 34	3	3	-	-
Wrentham School,	.01	2.22	1 90	1	4	-	-
Hospital Cottages for Children,	1.48	.78	1 95	3	1	-	-
Family care,	-	8 86	2 95	-	15	-	-
Totals,	292 57	418 01	\$3 10	294	421	10 81	-

Receipts for Support of Reimbursing Patients.

LOCATION OF PATIENTS.	Year ending Nov. 30, 1910.	Year ending Nov. 30, 1911.	Total since Jan. 1, 1904.
Worcester Hospital,	\$20,387 12	\$18,001 36	\$115,439 63
Taunton Hospital,	13,833 86	13,711 87	88,126 01
Northampton Hospital,	14,799 00	15,292 13	89,365 59
Danvers Hospital,	22,722 63	23,538 87	149,390 82
Westborough Hospital,	14,483 44	14,863 76	87,709 89
Boston Hospital,	6,574 23	7,410 81	29,474 70
Worcester Asylum,	7,659 12	7,878 47	41,522 05
Medfield Asylum,	6,370 39	10,384 62	55,691 36
Gardner Colony,	1,877 82	1,227 28	7,195 97
Mental Wards, State Infirmary,	1,533 55	2,218 00	6,715 05
Bridgewater Hospital,	1,102 29	411 00	2,801 82
Monson Hospital,	3,418 98	3,192 60	15,309 40
Foxborough Hospital,	868 16	1,089 46	2,500 31
School for the Feeble-minded,	1,021 93	1,556 82	2,705 96
Wrentham School,	-	220 13	220 13
Hospital Cottages,	245 60	228 58	666 70
Family care,	616 65	1,330 23	5,654 92
Foxborough (labor),	-	1,527 95	1,527 95
Almshouses,	74 00	-	923 66
Totals,	\$117,588 91	\$124,083 94	\$702,941 92

Average Numbers and Percentages of State, Reimbursing and Private Patients during the Year ending Sept. 30, 1911.

	STATE.		REIMBURSING.		PRIVATE.		Total Average Number.
	Average Number.	Percentage.	Average Number.	Percentage.	Average Number.	Percentage.	
Insane: —							
Public institutions, . . .	10,706	87.59	705	5.77	812	6.64	12,223
Family care,	231	84.93	9	3.31	32	11.76	272
Totals, public,	10,937	87.53	714	5.72	844	6.75	12,495
Private institutions, . . .	—	—	—	—	402	—	402
Totals, public and private,	10,937	84.80	714	5.54	1,246	9.66	12,897
Other classes: —							
Public institution,	2,205	93.47	26	1.10	128	5.43	2,359
Private institutions, . . .	—	—	—	—	63	—	63
Totals, public and private,	2,205	91.04	26	1.07	191	7.89	2,422
Insane and other classes, . .	13,142	85.79	740	4.83	1,437	9.38	15,319

DEPORTATION.

There were considered for deportation 338 cases, compared with 397 for the previous year. The Board deported 49 to other States, 54 to other countries, — in all, 103. In addition, the United States Immigration Commissioner deported 62. Altogether, 165 have been deported since Dec. 1, 1910.

Since Oct. 1, 1898, 1,545 persons have been deported by the Board, of whom 44 returned once, 10 twice and 1 three times. Of those returning, 11 are now in institutions in this State.

Details of the disposition of cases under consideration for deportation are shown in the following table: —

	STATE BOARD.			UNITED STATES IM- MIGRATION COMMISSIONER.			TOTALS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	1910.	1911.	Increase.
Cases pending, Nov. 30, 1910,	59	23	87	9	7	16	68	35	103	68	103	35
Since reported by support agent,	112	45	157	43	35	78	155	80	235	329	235	94
Total cases under consideration,	171	73	244	52	42	94	223	115	338	397	338	59
Deported,	73	30	103	38	24	62	111	54	165	224	165	59
Viz.: Other States,	31	18	49	—	—	—	31	18	49	63	49	14
Discharged,	42	12	54	38	24	62	80	36	116	161	116	45
Viz.: Care of friends,	19	6	25	2	—	2	21	6	27	14	27	13
Escaped,	16	6	22	2	—	2	16	6	22	9	22	13
Died,	3	—	3	2	—	2	5	—	5	5	5	—
Withdrawn,	3	3	6	1	—	1	1	3	4	5	4	1
Viz.: Private patients,	3	—	3	4	8	12	7	8	15	17	15	2
Rejected by Immigration Commissioner,	3	—	3	1	2	3	4	2	6	4	6	2
Dropped from further consideration,	—	—	—	3	6	9	3	6	9	13	9	4
Viz.: Impracticable to deport,	23	9	32	—	—	—	23	9	32	34	32	2
No place to go,	16	9	25	—	—	—	16	9	25	19	25	6
Total cases closed,	7	—	7	—	—	—	7	—	7	15	7	8
Cases pending, Nov. 30, 1911,	118	48	166	45	32	77	163	80	243	294	243	51
Viz.: Under sentence,	53	25	78	7	10	17	60	35	95	103	95	8
Not in condition to deport,	11	—	11	—	—	—	11	—	11	17	11	6
Awaiting action,	14	13	27	2	5	7	16	18	34	31	34	3
	28	12	40	5	5	10	33	17	50	55	50	5

¹ Decrease.

TRANSFERS.

Seven hundred and fifty patients have been transferred within the year, — 568 between public institutions, 131 between public institutions and families, 40 between public and private institutions, 11 between private institutions.

FINANCIAL DEPARTMENT.

The work of this department is largely the study of the expenditures of the 13 institutions under the supervision of the State Board of Insanity, with the purpose of effecting economies therein. The use of the word economies should not be misunderstood. It is not the object of the department that the supply of food, clothing or other necessities for the patients should be reduced except in instances where it might generally be agreed upon that it was excessive, but rather that a standard of quantity and quality in such supplies shall be established, and that the commodities themselves shall be purchased in the best way and at the cheapest price consistent with the maintenance of this standard.

The methods of working have been described in the reports of previous years, and this year has not varied except in the subject-matter covered.

It is impossible to thoroughly investigate in any one year each of the many classes of purchases made, as they include everything necessary for the housing, feeding, clothing and medical care of 13,000 patients, and the maintenance of 2,800 employees engaged in their care. Therefore, each year as many groups or classes of purchases are investigated as the facilities of the department will permit.

A brief description of the methods of work, which is largely a repetition of what has appeared in previous reports, follows: —

All of the bills of each institution are thoroughly examined by the department every month, and copies made of the quantities bought and prices paid for the commodities upon which attention is directed. This information is condensed into what

may be described as bulletins, and is distributed monthly to each of the 13 institutions whose bills are examined. A sample copy of one of these bulletins follows: —

Butter, November, 1911.

INSTITUTION.	Quantity (Pounds).	Rate per Unit.	Cost.
Worcester Hospital,	30 60 4,600	\$0 380 370 235	\$11 40 22 20 1,081 01
Northampton Hospital,	775 982 316	300 295 290	232 50 289 69 91 79
Danvers Hospital,	1,080	280	302 40
Boston Hospital,	250 2,243	275 260	68 75 583 18
Worcester Asylum,	48 1,937 316	338 330 230	16 24 448 61 72 68
Medfield Asylum,	535 1,122 540	254 249 246	135 87 279 23 132 98
Monson Hospital,	30 60 30 2,505	350 340 335 255	10 50 20 40 10 05 638 78
Foxborough Hospital,	32	330	10 56
School for the Feeble-minded,	257 629 384	320 300 270	82 24 188 70 103 68

No butter bought at other institutions.

The commodities on which prices were quoted in the year just closed are: butter, butterine, beans, bolted meal, cornstarch, granulated corn meal, graham, hominy, oatmeal, rolled oats, rice, rye, tapioca, eggs, flour, clams, cod, haddock, halibut, oysters, pollock, cusk and hake, salmon, salt fish, miscellaneous fish, mixed fish, scallops; the following cuts of beef: backs, chucks, fores, hinds, loins, miscellaneous, plates, rattles, rumps and rounds, sides, rounds, ribs and live beef; lamb and mutton, veal, frankfurts, bacon, ham, sausages, salt pork, pork shoulders, chicken, fowl, game, turkey, molasses, sugar, coffee, tea, potatoes, evaporated apples, apricots and peaches, dried currants, citron, dates, figs, prunes and raisins; different brands of smoking and chewing tobacco; anthracite, bituminous pea coal and

screenings; brandy, whiskey, gin, wine and rum; different grains as follows: alfalfa, barley, brewery grain, buckwheat, beef scraps, chicken feed, corn, cracked corn, dairy feed, gluten, hay, imperial grain, linseed, meal, middlings, mixed feed, oat straw, oats, molasses, provender, steam cooked feed, wheat, rye straw, oyster shells, balance rations, bibby feed; and the following drugs: potassium bromide, sodium bromide, ammonium bromide, triple bromide, chloroform, codeine sulphate, Dover's powders, ether, laudanum, morphine, hyoscine hydrobromide, hyoscyamus, opium, neuronidia, paregoric, sabromin, veronal, sulphonethylmethane, sevetol, apomorphia, ammonium chloride and codeine compound, dionin.

The purpose of these bulletins is that each institution may know what all of the others are paying and what qualities of goods they are buying, and to give it an opportunity to alter its practice to conform to the best.

In previous years they have been somewhat tardily issued, owing to the work involved in assembling the information. This year, however, although prices on many more commodities have been quoted, the bulletins have been issued in the month following that in which the purchases were made.

The study of diet is, of course, a very important one in institutions devoted to the care of the insane, as there are standards accepted by experts, to which we strive to conform.

Looking toward this end each institution furnishes this department with a statement of the food given in an elapsed week selected by the financial agent and without previous knowledge on the part of the institutions. These diets are condensed into tables showing a comparison of the dishes given by each institution, side by side and meal by meal. Copies are sent to each. This shows the variety and character of food given, but does not, of course, show the quantity served. We determine this in another way. As before stated, from the monthly bills we abstract the quantities purchased and prices paid on all foodstuffs.

Each of our institutions has a more or less extensive farm, and a portion of what is consumed on the tables is produced thereon. In the year under consideration such productions amounted in value to \$351,106.55.

This department receives from each of the institutions a report on its farm. The quantity thus produced is added to that bought, resulting in approximately the total consumption and cost.

Having this it is easy to obtain the average rate paid by each for any given thing, and the average amount per capita consumed. Such tables are issued every six months. A sample follows: —

Eggs, Purchases and Products for Fiscal Year ending Nov. 30, 1911.

INSTITUTION.	QUANTITY.			Total Dozen.	Average Rate per Dozen of Purchases.	Daily Average per Capita (Ounces).	Daily Average per Cost of Purchases.	Freight.
	PURCHASED.		PRODUCED.					
	Dozen.	Cost.							Dozen.
Worcester Hospital,	26,205	\$5,313 55	—	26,205	\$0 203	1.151	\$0 009	\$0 25
Taunton Hospital,	10,530	2,045 79	4,516	15,406	194	.924	005	36 10
Northampton Hospital,	45,675	8,287 20	2,051	47,726	181	3.346	022	243 26
Danvers Hospital,	9,420	2,109 80	6,520	15,940	224	.699	003	10 86
Westborough Hospital,	20,178	3,646 87	3,538	23,716	181	1.214	007	92 54
Boston Hospital,	21,476	3,817 72	622	22,098	179	1.502	010	—
Worcester Asylum,	6,600	1,309 20	4,051	10,652	198	.546	003	60
Medfield Asylum,	10,860	2,263 70	1,882	12,742	208	.455	003	3 26
Gardner Colony,	—	—	3,382	3,382	—	.323	—	—
Monson Hospital,	12,791	2,765 62	202	12,993	216	.972	008	2 70
Foxborough Hospital,	4,430	970 90	1,297	5,727	219	.916	006	35 68
School for the Feeble-minded,	8,114	1,959 64	1,110	9,224	242	.413	003	51 76
Wrentham School,	—	—	926	926	—	.220	—	—
	176,279	\$33,124 95	30,098	206,737	\$0 188	.962	\$0 006	\$477 01

The array of figures here presented is rather hard to analyze, and the same thing may be expressed more graphically, perhaps, in charts. In referring to these charts it might be well to state that they are also the means by which the record of market fluctuations is kept, and are used by the department in determining when it is most advantageous to buy supplies, or in other words, at what month in past years the market on a commodity has been the lowest, and from such knowledge draw the conclusion as to when in a given year it is reasonable to expect the low point. A sample is given herewith.

Similar charts are kept on butter (creamery western first), butterine, butter and butterine, pea beans, eggs (western firsts), cereals, evaporated apples, fish, flour, sides of beef, all cuts of beef, lamb, veal and mutton, pork, poultry, bacon, ham, hogs, salt pork, all kinds of meat, milk, molasses, granulated sugar, yellow sugar, tea, coffee, potatoes, corn, hay, oats, wheat, morphine, opium, quinine, white pine, anthracite, bituminous and buckwheat coal, coastwise freights (New York to Providence).

The valuable results obtained from the keeping of these charts will be illustrated further on.

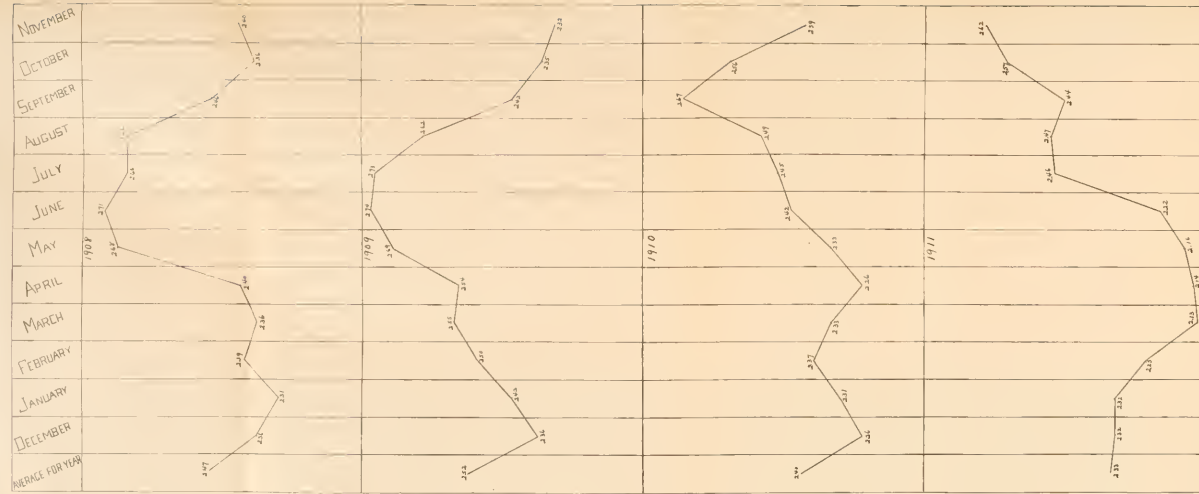
From this table and the accompanying charts it has been determined that our 13 institutions have for the year ending Nov. 30, 1911, averaged to give to each inmate per day:—

Butter and butterine,	.	.	.	.	.	.	.	1.51 ounces
Dried beans,	.	.	.	.	.	.	.	.93 ounces
Cereals,	.	.	.	.	.	.	.	2.31 ounces
Eggs,	.	.	.	.	.	.	.	.18 ounces
Fish,	.	.	.	.	.	.	.	1.57 ounces
Flour,	.	.	.	.	.	.	.	10.12 ounces
Meat,	.	.	.	.	.	.	.	6.94 ounces
Milk,	.	.	.	.	.	.	.	1.20 pints

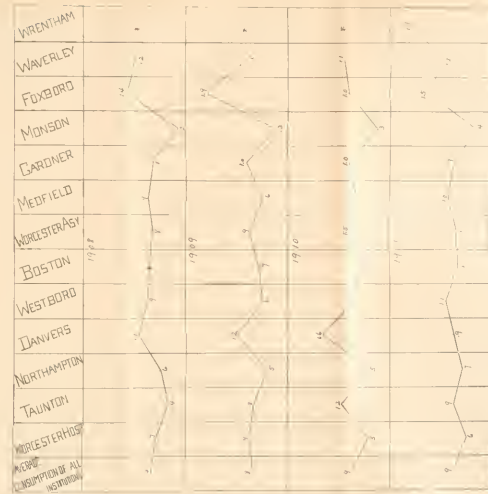
It is easy to compare these with the standards of other States.

The United States government has, however, exhaustively investigated the matter of diet, and has published very valuable data which is generally accepted as authoritative. These data, however, are expressed in grams of protein and calories, and in order to ascertain how closely our institutions conform in practice to the requirements thus established, it is necessary for us

MARKET QUOTATIONS ON PEABEANS NYHP CHOICE DOLLARS PER BUSHEL



DAILY AVERAGE PER CAPITA CONSUMPTION OF BEANS IN OUNCES



* DATA NOT AVAILABLE

to reduce our ounces of meat, fish, etc., to grams of protein and calories. Moreover, this is, of course, a more accurate method of determination than the former, as the ounces of meat bought may mean the best grade of sirloins or the poorest grade of flanks and shins, and have greatly different values as to nutriment.

A table of this character stating the facts in this form as applied to each of our institutions is in process of construction, and it is hoped will lead to discussion resulting in the establishment of a standard uniformity of practice in institutions of similar classes.

Considerable interest was shown in the matter of prices paid for beds and bedding. Consequently, a nine-year period was selected and these prices thoroughly investigated. This nine-year period extended from 1902 to 1910 inclusive. It was found that the average annual per capita amount paid in this period for beds and bedding varied from the low point of \$2.58 at one institution to the high point of \$5.98 at another.

An investigation of this difference showed one using sheets costing 44 cents, another 60 cents, and prices ranging between these two extremes; on blankets prices ranging from \$1.50 to \$2.50; on rubber sheeting from 52 cents to \$1.50 per yard; on spreads from 90 cents to \$1.25; on curled hair from 24½ cents to 44 cents per pound; on bedsteads from \$4.25 to \$6.25.

A table has already been issued on this matter, and the prices of the commodities in question are to be incorporated in the bulletins with the expectation that the diffusion of this information will assist us in adopting some general practice and that we may ultimately unite in purchasing, thus obtaining whatever price concessions may result from larger orders.

With the object of showing to what extent sedatives and opiates are used in quieting patients, this department follows the purchases of these drugs and publishes the tabulated results annually.

The farms of our institutions cover 8,150 acres; the smallest contains 82 acres; the largest 1,856 acres. In the fiscal year under consideration these combined farms produced to the value of \$498,153.04, of which \$351,106.56 worth was consumed on the institution tables.

Of course it will be apparent that the greater the yield of the farm the less the institution has to buy, and the smaller in consequence is its per capita food cost.

Inasmuch as the size and productiveness of the farms vary greatly it is necessary in judging the food cost of an institution to have a statement of the values of its farm products. Such a statement is received by this department on blanks which it prepares and issues.

In order that this statement shall be of any value for purposes of comparison the same scale of prices must be employed by each institution. Therefore, this department publishes such a price list which it requests the institutions to use, thereby putting them on a common basis.

The financial agent makes many visits of investigation to the institutions in order that he may be familiar with the grades of goods bought, the method of their receipt, storage, preservation and distribution. The foregoing is a description of the methods employed, and is not intended as a recital of all the subjects investigated or of the ground covered. The subjects are many, inexhaustible, in fact. The method applied to each is practically the same.

It would seem that a statement of what results have been accomplished by all this might be a natural sequel to an attempt at describing the work.

I think it is generally recognized that our larger industrial combinations, or so-called trusts, have secured to themselves great price concessions from those of whom they buy by the greater size of their combined orders, and that competitors whose orders are smaller pay higher prices.

The institutions devoted to the care of the insane, feeble-minded, epileptic and inebriate expended for the maintenance of these classes in the year just closed \$3,200,000. This is a large sum, and its purchase power should be pooled and not dissipated in fragments. In other words, it would seem that these 13 institutions should establish, so far as is practical, standard grades for the supplies they use in common, and should unite in purchasing the same where it is advantageous to do so, thereby greatly increasing the size of their order; and they should take advantage of the low markets which occur at quite

regular intervals in most commodities, and should ask for bids on definite specifications, which bids shall be entertained from all who care to compete.

The formulation of the specifications is necessarily subsequent to the establishment of grades, which latter line of endeavor involves the employment of chemical determination in many lines, and this department feels that the value of its work will be greatly enhanced by the chemical laboratory for which the Board of Insanity has asked the Legislature for an appropriation to establish and maintain.

This laboratory will be under the control of the State Board, and subject to its direction at the service of the institutions. The results of all the investigations will be distributed to them through this department, and right here an important saving will have been accomplished, as the separate institutions will not longer be obliged to pay bills for individual investigations along the same lines. The knowledge will be common to all.

There is an association of the purchasing agents of our institutions, and regular meetings are held monthly, special meetings as necessity requires. All data in the possession of the financial department are at the disposal of this association, as will also be the results of chemical research. It is believed that with these facilities our institutions are prepared to take advantage of all the conditions above described, and to buy to the very best advantage, and it is a source of gratification to allude to the record of the year just closed.

As the seasonable time for buying commodities approaches, they are discussed at the meetings.

To illustrate, the following matters, among many others, have been taken up and acted upon: potatoes, coffee, toilet paper, sugar, soap (bar and chip), tobacco (smoking and chewing), agricultural tools and implements, eggs, coal, dried fruits and canned goods, grain, evaporated apples, beans and flour.

At the time potatoes were discussed it was found that only two institutions were in need of them, as the farms on the others had furnished them with a sufficient supply.

On coffee 12 firms submitted bids which were opened at a meeting of the association. No combination purchase was made for the reason that it was impossible to differentiate be-

tween the merits of the various samples submitted; also there was uncertainty of the future trend of the market. The matter was laid on the table for further action.

On toilet paper 9 firms submitted bids, with the result that 5 institutions who needed to purchase united in buying 400 cases. The price, however, was not any concession from that at which one of the institutions had been able to purchase separately from the rest.

On the proposition to buy sugar in combination, investigation among the refineries showed that no price concessions could be obtained by a purchase of more than 100 barrels; in other words, that a combination would effect no economy.

Four firms submitted prices on soap, with a variation in price of only $\frac{7}{8}$ of a cent per pound. The association did not purchase for the reason that it was predicted that the market would be lower in the immediate future.

On tobacco the action taken was to request the Board of Insanity to incorporate quotations of prices paid by the institutions into the monthly bulletins which it issues that they might give the matter further study, and such quotations have been included, but no further action has been taken.

On agricultural supplies the members brought on individual quotations, and those in need of such tools and implements purchased in combination of the lowest bidder.

Eight institutions were in need of 2,830 cases, or 84,900 dozen of eggs, and bids were requested from 28 firms. Thirteen replies were received, and the lowest price was 18 cents, the highest 19 cents. Between these two points there were fractional variations. The contract was awarded at 18 cents, nearly the lowest price quoted for the year for this grade of eggs. This purchase involved approximately \$15,000. The difference between the average price for the year and the price paid was approximately 3 cents per dozen, a total difference of about \$2,500. The highest price was 33 cents, the average price prevailing was $21\frac{3}{4}$ cents. The difference in price between this quantity of eggs bought at 18 cents, the price paid, and the highest price prevailing during the year would be 15 cents per dozen, or approximately \$13,000.

Ten institutions united in the purchase of 32,150 tons of

bituminous coal and 5,400 tons of bird's-eye or buckwheat. There could, of course, be no common delivery point for all institutions, inasmuch as each wanted coal at its siding or in the bins, and the grade of coal required in many cases was necessarily different. Therefore, for the latter reason especially, it was almost impossible to formulate, particularly in the time at the disposal of the committee appointed to advertise for bids, a uniform contract for use among all the institutions. Thus, each institution purchased upon specifications which it furnished and upon a contract satisfying its individual requirements. Bids were asked for on the total quantity or any portion thereof, delivered at the separate institutions. Advertisements appeared in 9 of the leading newspapers of the Commonwealth, and in response thereto 28 firms asked for specifications. Twenty-seven firms submitted bids which were publicly opened in the presence of about 50, consisting of dealers, representatives of institutions and others.

It was required that each bidder should inclose a certified check for 4 per cent. of the amount of the contract bid upon. One bid was publicly thrown out for the reason that this requirement was not complied with.

All coal was bought on the price per B. T. U. rather than the price per ton, and in each case the lowest bidder received the award. This purchase involved an expenditure of approximately \$115,000.

One of the 10 institutions participating in this combination did not buy coal in the previous year on a contract, having a supply on hand and buying small amounts as opportunity offered. The other 9 which participated this year bought separately in the previous year, with identical delivery conditions for each. The grades of coal purchased corresponded closely, if not absolutely.

In 1910 the average price paid by the 9 institutions was \$4.36, and in 1911, \$4.20, showing a drop of 16 cents. The average yearly price of a standard grade of coal at New York, namely, George's Creek, the trend of the prices on which may be taken as fairly indicative of the general bituminous market, was \$3.21 for 1910, and \$3.14 for 1911, or a difference of 7 cents, these figures being based on quotations appearing in the "Coal Trade Journal."

The average coastwise freight from New York to Providence was the same in the two years under consideration. Therefore, it would appear that the institutions paid 16 cents less in 1911 than in 1910, and that the market in 1911 was only 7 cents less, from which the conclusion might fairly be drawn that the combination effected a saving of 9 cents per ton to the State.

Thirty-two thousand one hundred and fifty tons were purchased, and the saving expressed in dollars would be approximately \$2,900.

Inasmuch as it has been, and still is, the custom for the institutions to buy their supply of bituminous coal in April or May, it would, perhaps, be fairer to take the price prevailing in these two months in the two years under discussion as a basis of comparison rather than the average yearly price used above.

The price of George's Creek bituminous at New York in April and May, 1910, averaged \$3.15. In the same months of 1911 the same figure prevailed. Therefore, inasmuch as the institutions paid 16 cents less in 1911 than in 1910, the whole of this difference would appear to have been saved, or \$5,144. The coastwise freight from New York to Providence in April, 1910, was 39 cents, in May 37 cents, or an average for the two months of 38 cents. In April, 1911, it was 42 cents, in May of the same year, 39 cents, or an average of $40\frac{1}{2}$ cents; or in other words, it was approximately 3 cents higher in 1911 than in 1910, making a further apparent saving of \$964, or a total of approximately \$6,100.

Quotations were obtained by the stewards on dried fruits and canned goods, with the idea of seeing if a large combined purchase would effect economies over individual purchases by the separate institutions. It was ascertained that owing to the condition of the fruit and vegetable market the dealers did not care to bid on large quantities, the season having produced a small supply, and that nothing could be done in this line except in evaporated apples.

On these the requirements of 11 institutions were 27,000 pounds.

Bids were received and publicly opened from 13 concerns. Prices quoted ranged from \$0.082 minus 1 per cent. to \$0.10 minus 1 per cent. This purchase involved approximately

\$2,200, and it was felt that a saving was effected over individual buying.

The matter of grain was taken up on the knowledge that in September, October and November of each year oats and corn are usually lower than at any other month, but it was found that the finances of the institutions would not permit of their purchasing a supply to cover any extended period, as the close of the fiscal year was approaching, and the appropriations were nearly at their exhaustion point.

Twelve institutions united in the purchase of approximately 1,700 bushels of choice hand-picked New York pea beans. Bids were received from 11 firms, prices ranging from \$2.50 to \$2.79, and a purchase was made at the former price. This involved approximately \$4,200, and has been considered a timely and advantageous purchase.

In this and previous years the subject of flour has been discussed and reduced to the cost per pound of bread, after having allowed an appropriate period to elapse between baking and weighing in order that the moisture might evaporate. This, however, has not been considered sufficient, and it was voted to postpone further investigation until the Board of Insanity should be in a position to render a chemical analysis of different grades of flour. It is hoped that this, taken in conjunction with the other tests as to the price per pound, will enable us to unite on a standard satisfactory to all, and at which we may purchase in combination.

As a part of this report of the financial department of the Board is appended the following —

FINANCIAL SUMMARY

of the institutions under its supervision.

In the first three tables of the Appendix, viz., No. 1 (page 227) Balance Sheet, No. 2 (page 228) Financial Summary, No. 3 (page 232) Inventory, are exhibited the State's capital investment in institutions supervised by this Board, the receipts and expenditures and depreciation and appreciation of property in such institutions in the year under consideration. In the series of tables which follow is analyzed in constantly increasing detail the subject matter which is epitomized in the first.

The combined inventory of the institutions, excluding the State Infirmary and Bridgewater State Hospital (over which this Board has only partial supervision), at the beginning of the year was \$13,961,548, and at the end \$14,852,007, or an increase of \$890,459. This has been caused by the expenditure out of special appropriations for new construction and extension of \$788,085, and to the fact that the stock on hand of personal property at the end of the year increased over the quantity possessed by the institutions at its beginning, \$56,121. This latter is due to the supersufficiency of the maintenance appropriations granted merely to maintain: —

Total increase,	\$890,459 00
Spent for construction and extension,	\$788,085 00
Increase in stock of personal property,	56,121 00
	<hr/>
	844,206 00
Difference,	<hr/>
	\$46,253 00

This difference is largely the result of the counteracting influences of appreciation and depreciation in property, which is constantly and automatically exerted, and, in a degree, to the different methods of affixing value which prevailed at the time the two inventories were taken. This increase is distributed as follows: —

	REAL PROPERTY.		PERSONAL PROPERTY.	
	Increase.	Decrease.	Increase.	Decrease.
Worcester Hospital,	\$120 00	—	—	\$2,426 19
Taunton Hospital,	42,762 22	—	—	12,196 18
Northampton Hospital,	—	—	\$4,274 65	—
Danvers Hospital,	—	\$126 78	19,608 07	—
Westborough Hospital,	61,700 00	—	15,153 88	—
Boston Hospital,	582,304 58	—	—	6,139 83
Worcester Asylum,	36,656 54	—	3,574 63	—
Medfield Asylum,	29,471 35	—	5,129 39	—
Gardner Colony,	5,670 92	—	10,381 12	—
Monson Hospital,	12,570 22	—	—	4,289 86
Foxborough Hospital,	10,510 23	—	—	6,386 56
School for the Feeble-minded,	2,078 02	—	18,822 70	—
Wrentham School,	50,620 34	—	10,615 66	—
Total,	\$834,337 64	—	\$56,121 48	—

Decreases are shown in the value of personal property on hand at the following institutions: —

Worcester Hospital. — \$2,426. The food and clothing in stock were perceptibly less at the end of the year, due to the fact that the institution reduced its weekly per capita expenditure for these commodities from the average of the three previous years 23 cents on the former and 7 cents on the latter.

Taunton Hospital. — \$12,196, — almost entirely confined to furnishings, and due to the fact that no depreciation in value has hitherto been charged to old articles. This depreciation is the accumulation of many years, and in most institutions has been distributed instead of being charged off in a lump sum.

Boston Hospital. — \$6,140, — in machinery and mechanical fixtures. The decrease is due to a different classification being employed in this year's inventory from that used in the previous one, and the diminished supply of clothing in stock.

Monson Hospital. — \$4,289, — due to the fact that an accumulated depreciation was charged off on furnishings, carriages and agricultural implements. This depreciation, as in the case of Taunton, would not have appeared so prominently if it had been distributed evenly through the years in which it grew.

Foxborough Hospital. — \$6,386, — a decrease in stock of food and furnishings, the latter due to diminished expenditure.

The most notable *increases* in personal property are at —

Danvers Hospital. — \$19,608, — which is largely clothing, repairs and improvements, farm utensils, wagons, etc. The per capita cost of clothing, in spite of this increase in stock, diminished 6 cents from the previous year. In repairs and improvements, on the contrary, the per capita cost increased 11 cents, and on farm, stable and grounds, 3 cents.

Westborough Hospital. — \$15,153, — distributed as follows: food, clothing, and farm, stable and grounds. In food the per capita cost is increased 7 cents. In clothing it remains practically the same, and farm, stable and grounds increased 2 cents.

Gardner Colony. — \$10,381, — in furnishings, fuel, repairs and improvements, and farm, stable and grounds. On furnishings the per capita cost is decreased 2 cents. On heat, light and

power the per capita is increased 10 cents over the previous year and 5 cents over the average for the three previous years. On repairs and improvements there has been a decrease of 7 cents, while on farm, stable and grounds there has been no noticeable change.

School for the Feeble-minded. — \$18,822, — which is due to the fact that the clothing worn by the patients was not inventoried the previous year and is included in the total of the inventory now presented.

Wrentham School. — \$10,615, — in clothing and furnishings, and is due to a large stock being carried to meet the needs of the rapidly growing institution.

The increase in the inventory of real estate is almost entirely due to the expenditures of special appropriations, and is divided among the institutions as follows: —

At *Taunton Hospital* the majority of the \$42,762 increase was the cost of the erection of a new building for patients.

At *Westborough Hospital* the increase of \$61,700 was due to the erection, furnishing and equipping of a new building for patients and the extension of the sewerage system.

At *Boston Hospital* — \$582,304, for which the erection of the new observation hospital, an addition to a building for patients, the partial construction of an infirmary and a laundry are accountable.

At *Worcester Asylum* the \$36,656 increase is largely due to the construction of buildings for patients and employees.

At *Medfield Asylum* the construction of a laundry, improvements in the water and sewerage system cause the increase of \$29,471.

Monson Hospital completed the construction and furnishing of two dormitories, a house for employees, improved the sewerage system and expended money making additions to the laundry, causing a jump of \$12,570.

At *Wrentham School* the largest part of the \$50,620 was for the construction of a building for patients, the completion of a house for employees and the improvement of sewerage and filter beds.

RECEIPTS OF INSTITUTIONS.

(Table No. 4, page 242.)

Receipts from all sources except money appropriated and paid by the State for the support of the institutions were as follows: —

	1911.	1910.
Total receipts,	\$405,112 00	\$399,432 00
Money received for the outside support of patients, . .	376,144 00	364,478 00
Sales of stock,	23,217 00	28,413 00

Receipts for the outside support of patients have, therefore, increased approximately \$12,000, which is not confined to any institution, as the amount collected by each is larger than the preceding year. Those for sales of stock, on the contrary, decreased approximately \$5,000. This decrease is distributed among the institutions forming the group, and it is too small to need any comment.

MAINTENANCE EXPENDITURES.

(Table No. 5, page 244.)

The total gross expenditures of 13 institutions for maintenance in this and the preceding year have been as follows: —

	1910.	1911.	Increase.
Gross,	\$2,773,614 24	\$2,946,480 69	\$172,866 45
Net,	\$2,738,660 38	\$2,917,513 61	\$178,853 23
Patients,	12,419	13,056	637
Gross weekly per capita cost,	\$4 29	\$4 34	\$0 05
Net weekly per capita cost,	\$4 24	\$4 29	\$0 05
Weekly per capita cost, interest and depreciation charges added.	\$5 04	\$5 10	\$0 06

Both gross and net weekly per capita cost have, therefore, increased 5 cents over the previous year. This increase is distributed as follows: —

	1910.	1911.	Increase.	Decrease.
Salaries, wages and labor,	\$1 735	\$1 780	\$0 045	-
Food,	1 024	990	-	\$0 034
Clothing and clothing material, .	165	167	002	-
Furnishings,	185	177	-	008
Heat, light and power,	327	363	036	-
Repairs and improvements, . . .	245	254	009	-
Farm, stable and grounds, . . .	290	296	006	-
Miscellaneous,	272	268	-	004

According to the above it will be seen that salaries, wages and labor show an increase of \$0.046 in net weekly per capita. The average number of patients to one employee was as follows: 1910, 4.6; 1911, 4.6.

The average monthly compensation was \$34.63 in 1910 and \$35.49 in 1911.

The increase in monthly compensation has, therefore, been the cause of the increase.

The average monthly wage paid to the various classes of employees in 1910 and 1911 is given in comparative form below:—

	1910.	1911.	Increase.
Medical service,	\$94 57	\$96 46	\$1 89
Total ward service,	26 26	26 45	19
General administration,	34 53	35 26	73
Repairs and improvements,	78 80	87 39	8 59
Farm, stable and grounds,	33 99	35 38	1 39

The weekly per capita cost of food has decreased \$0.034, which is accounted for by the fact that the stock on hand at the end of the year is about \$4,000 less than at its beginning. Also, the institutions averaged to pay 4 per cent. less for food than in 1910. The consumption, on the contrary, has increased 2 per cent. The details of these statements follow:—

	AVERAGE PRICE PAID BY ALL INSTITUTIONS.		DAILY AVERAGE FOOD CONSUMPTION OF ALL INSTITUTIONS.	
	1910.	1911.	1910.	1911.
Butter,	\$0 283	\$0 237	\$0 880	\$0 882
Butterine,	131	133	590	636
Butter and butterine,	222	194	1 470	1 518
Beans,	2 325	2 289	913	928
Cereals,	026	024	2 093	2 313
Eggs,	241	188	889	962
Flour,	5 353	4 931	10 354	10 128
Fish,	050	055	1 705	1 572
Beef (total),	088	078	4 684	4 697
Lamb and veal,	101	079	632	1 034
Pork,	126	109	1 441	1 537
Poultry,	194	185	249	232
Total meat,	096	086	7 016	6 943
Milk (pints),	028	028	1 278	1 207
Molasses (pints),	029	028	023	019
Coffee,	117	143	293	287
Tea,	155	134	140	163
Sugar (granulated),	050	051	2 310	2 147
Sugar (yellow),	045	044	260	252
Potatoes,	526	740	9 064	9 904

It may be of interest to compare the prices paid by the institutions with the following compilation of market quotations prevailing in 1910 and 1911 on certain staple food commodities: —

	MARKET QUOTATIONS.			
	1910.	1911.	Increase.	Decrease.
Butter,	\$0 280	\$0 240	—	\$0 040
Beans,	2 400	2 330	—	070
Eggs,	246	218	—	028
Flour,	6 158	5 533	—	625
Sides of beef,	106	088	—	018
Granulated sugar,	5 180	5 510	\$0 330	—
Potatoes,	486	704	218	—

The food per capita at the several institutions was as follows:—

	1910.	1911.	Increase.	Decrease.
Worcester Hospital,	\$1 1032	\$1 0238	—	\$0 0794
Taunton Hospital,	1 1793	1 0485	—	1308
Northampton Hospital,	1 0593	1 0471	—	0122
Danvers Hospital,	9715	9352	—	0363
Westborough Hospital,	1 1062	1 1708	\$0 0646	—
Boston Hospital,	1 0232	1 0461	0229	—
Worcester Asylum,	1 0638	1 0086	—	0552
Medfield Asylum,	1 0042	1 0391	0349	—
Gardner Colony,	6440	6161	—	0279
Monson Hospital,	1 0173	1 0453	0280	—
Foxborough Hospital,	1 2762	1 0576	—	2186
School for the Feeble-minded,	9140	8383	—	0757
Wrentham School,	9366	8067	—	1299

The largest difference is at Foxborough, where the decrease is 22 cents. The cause for this is a depleted inventory and a marked decrease in the prices paid for foodstuffs, and to one or the other of these causes, or to both, may be ascribed the decline in cost at the other institutions.

The increase at Westborough is due to the fact that they have stocked up \$5,500, and that their consumption slightly increased.

The increase in heat, light and power is due to the fact that the average price per ton paid for soft coal by the institutions is 13 cents greater. The variations in the other classifications are so slight as to need no comment, as these small differences are bound to occur from year to year, and possess no particular significance.

WHOLE WEEKLY PER CAPITA COST OF SUPPORT OF A PATIENT.

(Table No. 6, page 254.)

In the maintenance table is given the gross per capita cost of the support of a patient, based on the expenditure under maintenance appropriation, and the net per capita cost based

upon this expenditure, minus sums received for sales of property bought with it.

In this table, No. 6, gross cost means the gross cost formerly alluded to plus interest on the investment of the State in real and personal property at the value set upon it in taking the inventory, and at the average rate paid by the State for loans, plus depreciation, which is the sum of wages of mechanics, expenses for repairs and improvements in maintenance appropriation, and sums occurring under special appropriations which have been used to replace depleted or deteriorated property. The net cost is this gross cost minus all receipts, *i.e.*, those for support plus those for sales or refunds under maintenance.

RECEIPTS AND EXPENSES ON ACCOUNT OF INSTITUTIONS FOR
THE INSANE, FEEBLE-MINDED, EPILEPTIC AND INEBRIATE.

(Table No. 7, page 255.)

In the first column, "Increasing Value of Plant," are included all sums expended under special appropriations, adding to property on hand at the beginning of the year.

In the second column, "Expenses which counterbalance Depreciation," are sums expended for salaries of mechanics whose services are contributed towards repairs and improvements, sums expended under maintenance for repairs and improvements, and any sums which may have occurred in special appropriations for the same purpose.

In the third column, "Maintenance exclusive of Repairs and Improvements," are all items of maintenance, with repairs and improvements excepted.

"Total Expenses" is a combination of the two preceding columns.

"Total Receipts" are those for support plus those for sales or refunds.

"Net Expenses" are the difference between "Total Expenses" and "Total Receipts."

Except for the fact that it does not take into account the interest charge on the investment, as does the preceding table, this one is a duplicate of it, stated in dollars and cents, whereas the other is reduced to a per capita basis.

EXPENDITURES FROM SPECIAL APPROPRIATIONS.

(See Table No. 8, page 257.)

The expenditures under this head are for extensions and additions to property possessed by the State at the beginning of the year, and in the accompanying table are divided into construction, furnishing and equipping (as applied to buildings and betterments).

Under the recently formed rule, which has been very rigidly adhered to this year, no special appropriation shall be for the purpose of refurnishing wards or devoted to other uses properly chargeable to maintenance appropriation. The amount expended here, therefore, should result in an increase of the property of the State.

GENERAL MATTERS.

NEW LEGISLATION.

The following acts and resolves relative to the institutions and persons under the supervision of the Board were passed by the Legislature of 1911:—

Chapter 30. — An Act to prohibit the sale or delivery to hospital patients of intoxicating liquors and narcotic drugs except by direction of a physician.

Chapter 43. — An Act relative to the annual preparation and printing of a list of State officials and their employees with their salaries or compensation.

Chapter 71. — An Act to abolish the age limit for admission to the Monson State Hospital.

Chapter 82. — An Act to authorize the Governor to obtain certain information.

Chapter 104. — An Act relative to the State Infirmary and the State Farm.

This Act provides for the change of name in Section 85 of the Revised Laws from "State Hospital" to "State Infirmary."

Chapter 206. — An Act relative to the appointment of guardians for insane persons and of conservators.

This act permits the probate court to appoint a *temporary*

guardian or conservator of an insane person without notice to the heirs.

Chapter 273. — An Act relative to the order of commitment of an insane person.

An order of commitment of a person to a hospital or receptacle for the insane, public or private, shall be void if such person shall not be received at the hospital or receptacle to which he has been committed by such order of commitment within thirty days after the date thereof.

Chapter 334. — An Act relative to transfers and removals by the State Board of Insanity of inmates of certain institutions. This act provides that —

The board may also remove any pauper inmates of institutions under its supervision who are not subject to the orders of a court to any country, state or place where they belong: *provided, however*, that no person born outside of the jurisdiction of the United States shall be removed outside of said jurisdiction if he has been a resident of Massachusetts for five years immediately preceding his commitment or admission to any institution under the supervision of the board and has not been confined in a penal institution within said five years.

Chapter 368. — An Act making an appropriation for the reimbursement of cities and towns for loss of taxes on land used for public institutions.

Chapter 394. — An Act relative to the care of persons suffering from certain mental disorders pending their admission or commitment to appropriate institutions.

No person suffering from insanity, mental derangement, deliriums or mental confusion, except delirium tremens and drunkenness, shall, except in case of emergency, be placed or detained in a lockup, police station, city prison, house of detention, jail or other penal institution, or place for the detention of criminals. If, in case of emergency, any such person is so placed or detained, he shall forthwith be examined by a physician and shall be furnished suitable medical care and nursing and shall not be so detained for more than twelve hours. Any such person not so placed or detained who is arrested by or comes under the care or protection of the police, and any other such person who is in need of immediate care and treatment which cannot be provided without public expense, shall, except in the city of Boston, be cared for by the board of health of the city or town in which such person may be.

Such board of health shall cause such person to be examined by a physician as soon as possible, shall furnish him with suitable medical care and nursing, and shall cause him to be duly admitted or committed to an institution for the care and treatment of such persons, unless he should recover or be suitably provided for by his relatives or friends. Reasonable expenses for board, lodging, medical care, nursing, clothing and all other necessary expenses incurred by the board of health, under the provisions of this act, shall be allowed, certified and paid as provided by section forty-nine of chapter five hundred and four of the acts of the year nineteen hundred and nine, as amended by chapter four hundred and twenty of the acts of the year nineteen hundred and ten, for the allowance, certification and payment of the expenses of examination and commitment.

Chapter 395. — An Act relative to the reception and temporary care in certain institutions of persons suffering from mental derangement.

The superintendent or manager of any hospital for the insane, public or private, may, when requested by a physician, by a member of the board of health or a police officer of a city or town, by an agent of the institutions registration department of the city of Boston, or by a member of the district police, receive and care for in such hospital as a patient, for a period not exceeding seven days, any person who needs immediate care and treatment because of mental derangement other than delirium tremens or drunkenness. Such request for admission of a patient shall be put in writing and filed at the hospital at the time of his reception, or within twenty-four hours thereafter, together with a statement in a form prescribed or approved by the state board of insanity, giving such information as said board may deem appropriate. Such patient who is deemed by the superintendent or manager not suitable for such care shall, upon the request of the superintendent or manager, be removed forthwith from the hospital by the person requesting his reception, and, if he is not so removed, such person shall be liable for all reasonable expenses incurred under the provisions of this act on account of the patient which may be recovered by the hospital in an action of contract. The superintendent or manager shall cause every such patient either to be examined by two physicians, qualified as provided in section thirty-two of chapter five hundred and four of the acts of the year nineteen hundred and nine, who shall cause application to be made for his admission or commitment to such hospital or, provided he does not sign a request to remain under the provisions of section forty-five of said chapter five hundred and four, to be removed therefrom before the expiration of said period of seven days. Reasonable expenses incurred for the examination of the patient and his

transportation to the hospital shall be allowed, certified and paid as provided by section forty-nine of said chapter five hundred and four, as amended by chapter four hundred and twenty of the acts of the year nineteen hundred and ten, for the allowance, certification and payment of the expenses of examination and commitment.

Chapter 400. — An Act relative to the acquisition by private corporations or associations of land for the care of the insane.

Chapter 478. — An Act relative to reimbursing cities and towns for loss of taxes on land used for public institutions.

Chapter 480. — An Act relative to receipts of the institutions under the supervision of the State Board of Insanity.

SECTION 1. The receipts from the sale of products of the labor of inmates of the state institutions under the supervision of the state board of insanity shall be paid into the treasury of the commonwealth monthly and may be expended for maintaining the industries of said institutions; but not until schedules of the expenses of such maintenance have been sworn to by the superintendent and approved by the trustees. Receipts from any one of said institutions shall not be applied to paying the bills of any other institution.

SECTION 2. This act shall take effect on the first day of December in the year nineteen hundred and eleven.

Chapter 494. — An Act to constitute eight hours a day's work for public employees.

This act provides that eight hours shall constitute a day's work for certain public employees, but excepts "persons employed in any state, county or municipal institution, on a farm or in care of the grounds, in the stable, in the domestic or kitchen and dining-room service or in store rooms or offices."

Chapter 589. — An Act to regulate the restraint of patients in public or private hospitals or sanatoriums for the insane.

SECTION 1. On and after the first day of August in the year nineteen hundred and eleven, no restraint in the forms of muffs or mitts with patent lock buckles or waist straps, wristlets, anklets or camisoles, head straps, protection sheets or simple sheets when used for restraint, or other apparatus or device interfering with free movement, shall be imposed upon any patient in any public or private hospital, sanatorium or other institution for the care or custody of the insane in this commonwealth unless it is applied in the presence of the superintendent, or of the physician or of an assistant physician of the hospital, sanatorium

or other institution, or on his written order, which order shall be preserved in the files or records of the institution; and such application shall be made only in cases of extreme violence, active homicidal or suicidal condition, physical exhaustion, infectious disease, or following an operation or accident which has caused serious bodily injury, except that in cases of emergency restraint may be imposed without the presence of the superintendent, the physician or assistant physician, and without a written order; but every such emergency case, after the imposition of such restraint, shall immediately be reported to the superintendent or to the physician or assistant physician of the institution, who shall immediately investigate the case, and approve or disapprove the restraint imposed.

SECTION 2. The superintendent or head physician shall cause records of all restraint to be kept in a book which shall be provided for that purpose by the superintendent or head physician. The book shall be open for inspection at all times by the trustees or other persons having control of the hospital, sanatorium or institution, the state board of insanity, the governor and council, and members of the general court, and shall contain a complete record relative to the restraint, including the cause for restraint, the form used, the name of the patient, the time when the patient was placed under restraint and the time when he was released. Restraint, within the meaning of this act, shall also include therapeutic and chemical restraint and confinement in a strong room, or seclusion in solitary confinement, except when the patients are placed in their rooms for the night.

SECTION 3. The superintendent or head physician, or in his absence one of the assistant physicians, shall keep personally under lock and key all implements or apparatus of restraint not in actual use.

SECTION 4. The provisions of this act shall not apply to the prolonged bath, to the hot or cold pack, or to medication when used as a remedial measure and not as a form of restraint.

SECTION 5. Any supervisor, attendant, or other employee of any institution affected by this act, who shall knowingly violate or willingly permit to be violated any provision hereof shall be deemed guilty of a misdemeanor and may be fined not less than fifty dollars nor more than three hundred dollars for each offence.

SECTION 6. This act shall take effect upon its passage.

Chapter 595. — An Act to provide for the maintenance at the Reformatory for Women, the Massachusetts Reformatory and the State Farm of departments for defective delinquents.

This act provides that certain offenders if found to be defective mentally may be committed to "a department for defective delinquents, hereinafter established;" that certain

offenders already under commitment may be removed by order of certain judges to "a department for defective delinquents" if such judge is satisfied that the offender is defective mentally and not a subject for a school for the feeble-minded; that no person shall be committed to a department for defective delinquents without the certificate of two qualified physicians; that certain inmates of a school for the feeble-minded may be removed to "a department for defective delinquents" on application of the officer in charge and after inquiry into the facts by the judge; that the "departments for defective delinquents" shall be maintained at certain penal institutions, and that the inmates of these departments shall be in the custody of the prison commissioners or the trustees of the State Farm; that application for the discharge of such defective delinquents may be made to the judge of the district in which the department is located, who may authorize the parole of said defective delinquent, and at the expiration of a year discharge him, but such person may be recommitted for subsequent offences without the certificate of a physician; and that papers and records shall be docketed and returns made as provided in Acts of 1909, chapter 504, section 41.

Chapter 604. — An Act relative to the removal of insane prisoners from the Massachusetts Reformatory and the Reformatory for Women.

Chapter 649. — An Act to provide for the instruction of nurses, attendants and patients in certain State institutions.

SECTION 1. The trustees of the state institutions under supervision of the state board of insanity shall cause to be given to the nurses, attendants and patients of said institutions instruction in such arts, crafts, manual training, kindergarten and other kinds of occupation as may be appropriate for the patients of the said institutions to learn, and especially for those patients who are physically unfit to do useful work about the institutions. The state board of insanity shall employ for this purpose one or more supervisors who shall acquire, by visitation or otherwise, such information as may be obtained in this state, and elsewhere, as to the best and most successful methods of giving the said instruction.

SECTION 2. In carrying out the provisions of this act the state board of insanity may expend annually a sum not exceeding two thousand dollars.

SECTION 3. This act shall take effect upon its passage.

Chapter 749. — An Act in addition to the several acts making sundry miscellaneous appropriations authorized during the present year and sundry other expenses authorized by law.

Resolves, Chapter 24. — Resolve relative to the segregation and treatment of prisoners afflicted with epilepsy and other nervous diseases.

This authorizes the Prison Commissioners to ascertain the number of persons afflicted with epilepsy and other nervous diseases in the State and county prisons and to make an examination as to the best methods for the segregation and treatment of such persons.

SPECIAL APPROPRIATIONS.

The special appropriations for the year 1911 and for three, ten and thirteen year periods are shown in the following tables: —

Detailed Statement.

	1911.	Three Years, ending 1911.	Ten Years, ending 1903.	Thirteen Years, ending 1911.
Worcester Hospital,	-	\$4,000 00	\$299,098 44	\$303,098 44
Taunton Hospital,	-	\$84,300 00	\$325,205 00	\$409,505 00
Northampton Hospital: —				
Additions to and improvements in bakery,	\$6,500 00			
Constructing and equipping a laundry, [Resolves, chapter 156.]	40,425 00			
Total,	\$46,925 00	\$46,925 00	\$217,300 00	\$264,225 00
Danvers Hospital,	-	\$11,000 00	\$364,100 00	\$375,100 00
Westborough Hospital: —				
Extension of sewerage beds,	\$1,900 00			
Constructing a veranda on the Codman building,	2,000 00			
Remodeling and enlarging cottages A and B, [Resolves, chapter 128.]	15,000 00			
Total,	\$18,900 00	\$150,500 00	\$454,625 00	\$605,125 00
Boston Hospital,	-	\$953,000 00	-	\$953,000 00
Worcester Asylum: —				
Constructing and furnishing a house for 50 female nurses,	\$29,300 00			
Constructing and furnishing two buildings for 50 patients each,	40,000 00			
Constructing a storehouse,	17,100 00			
Purchase and installation of boiler,	2,000 00			
[Resolves, chapter 149.]				
Total,	\$88,400 00	\$216,100 00	\$517,900 00	\$734,000 00
Medfield Asylum,	-	\$55,500 00	\$558,700 00	\$614,200 00

Detailed Statement — Concluded.

	1911.	Three Years, ending 1911.	Ten Years, ending 1908.	Thirteen Years, ending 1911.
Gardner Colony: —				
Constructing and furnishing house for 30 male patients, and providing water supply therefor,	\$11,600 00			
Constructing and furnishing employees' house,	5,000 00			
Extension of coal trestle,	1,200 00			
Extension of water system,	3,600 00			
[Resolves, chapter 129.]				
Total,	\$21,400 00	\$64,750 00	\$495,950 00	\$560,700 00
Bridgewater Hospital,	—	\$90,000 00	\$235,000 00	\$325,000 00
State Infirmary,	—	—	\$120,000 00	\$120,000 00
Monson Hospital: —				
Alterations in machine shop and storehouse for fireproofing and refrigeration purposes,	\$3,000 00			
Constructing and equipping an addition to laundry,	15,000 00			
[Resolves, chapter 137.]				
Total,	\$18,000 00	\$149,740 00	\$431,800 00	\$581,540 00
Massachusetts School for Feeble-minded:—				
Constructing and furnishing an addition to south Nurses' Home,	\$15,000 00			
[Resolves, chapter 131.]				
Total,	\$15,000 00	\$26,500 00	\$537,000 00	\$563,600 00
Wrentham School: —				
Sewage disposal system, including filtration beds,	\$13,000 00			
[Resolves, chapter 152.]				
Total,	\$13,000 00	\$120,700 00	\$247,800 00	\$368,500 00
Foxborough Hospital,	—	\$5,000 00	\$173,150 00	\$178,150 00
Purchase of the Boston Insane Hospital,	—	\$1,000,000 00	—	\$1,000,000 00

Summary of Special Appropriations.

	1911.	Three Years, ending 1911.	Ten Years, ending 1908.	Thirteen Years, ending 1911.
Insane: —				
Constructing, furnishing and equipping buildings for patients and nurses,	\$80,900 00	\$1,018,200 00	\$2,207,525 00	\$3,225,725 00
Number of patients provided for,	130	1,118	2,992	4,110
Average per capita cost,	\$396 92	\$786 77	\$596 27	\$648 09
Number of nurses provided for,	50	160	651	811
Average per capita cost,	\$536 00	\$866 16	\$650 49	\$693 04
Patients and nurses provided for,	180	1,278	3,643	4,921
Average per capita cost,	\$449 44	\$796 71	\$605 96	\$655 50
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$103,725 00	\$676,245 00	\$1,733,886 44	\$2,410,131 44
Total,	\$184,625 00	\$1,694,445 00	\$3,941,411 44	\$5,635,856 44

Summary of Special Appropriations — Concluded.

	1911.	Three Years, ending 1911.	Ten Years, ending 1908.	Thirteen Years, ending 1911.
Feeble-minded: —				
Constructing, furnishing and equipping buildings for patients and nurses, . .	\$15,000 00	\$86,000 00	\$425,500 00	\$511,500 00
Number of patients provided for, . .	—	180	840	1,020
Average per capita cost,	—	\$394 44	\$435 12	\$427 94
Number of nurses provided for, . .	21	21	82	103
Average per capita cost,	\$714 28	\$714 28	\$731 70	\$728 15
Patients and nurses provided for, . .	21	201	922	1,123
Average per capita cost,	\$714 28	\$427 86	\$461 50	\$455 47
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs, . .	\$13,000 00	\$61,200 00	\$359,400 00	\$420,600 00
Total,	\$28,000 00	\$147,200 00	\$784,900 00	\$932,100 00
Epileptic: —				
Constructing, furnishing and equipping buildings for patients and nurses, . .	—	\$84,000 00	\$152,550 00	\$236,550 00
Number of patients provided for, . .	—	150	192	342
Average per capita cost,	—	\$560 00	\$732 03	\$656 57
Number of nurses provided for, . .	—	—	27	27
Average per capita cost,	—	—	\$444 44	\$444 44
Patients and nurses provided for, . .	—	150	219	369
Average per capita cost,	—	\$560 00	\$696 57	\$641 05
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs, . .	\$9,000 00	\$52,370 00	\$63,350 00	\$115,720 00
Total,	\$9,000 00	\$136,370 00	\$215,900 00	\$352,270 00
Inebriate: —				
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs, . .	—	\$5,000 00	\$35,517 00	\$40,517 00
All classes: —				
Constructing, furnishing and equipping buildings for patients and nurses, . .	\$95,900 00	\$1,188,200 00	\$2,785,575 00	\$3,973,775 00
Number of patients provided for, . .	130	1,448	4,024	5,472
Average per capita cost,	\$396 92	\$714 51	\$569 11	\$607 58
Number of nurses provided for, . .	71	181	760	941
Average per capita cost,	\$623 94	\$848 54	\$651 94	\$689 75
Patients and nurses provided for, . .	201	1,629	4,784	6,413
Average per capita cost,	\$477 11	\$729 40	\$582 27	\$619 64
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs, . .	\$125,725 00	\$794,815 00	\$2,192,153 44	\$2,986,968 44
Total,	\$221,625 00	\$1,983,015 00	\$4,977,728 44	\$6,960,743 44
Average amount appropriated annually, .	—	\$661,005 00	\$497,772 84	\$382,902 18
Purchase of Boston Insane Hospital, . .	—	\$1,000,000 00	—	\$1,000,000 00
Total,	\$221,625 00	\$2,983,015 00	\$4,977,728 44	\$7,960,743 44

STATE BOND TABLE.

Bonds outstanding Dec. 1, 1911, on account of institutions for the insane, feeble-minded, epileptic and inebriate under the supervision of the State Board of Insanity amounted to \$7,044,900, an increase during the year of \$358,000.

The annual interest charge was \$245,685.75, an increase of \$12,530.

The detail as applied to the different institutions will be found in the following tabulation:—

State Bonds outstanding Dec. 1, 1911.

INSTITUTIONS.	LOANS.				INTEREST.		Loan Sinking Fund.
	Period in which Bonds were issued.	Period in which Bonds mature.	Amount Dec. 1, 1911.	Increase for the Year.	1911.	Increase for the Year.	
The insane: —							
State hospitals: —							
Worcester,	1901-1907	1931-1936	\$158,000 00	—	\$5,530 00	—	Prisons and hospitals.
Taunton,	1901-1906	1931-1936	245,600 00	—	8,401 00	—	Prisons and hospitals.
Northampton,	1901-1907	1931-1	179,000 00	—	6,195 00	—	Prisons and hospitals.
Danvers,	1901-1908	1931-1937	232,400 00	—	7,964 00	—	Prisons and hospitals.
Westborough,	1901-1910	1931-1939	449,300 00	—	15,462 50	—	Prisons and hospitals.
Boston,	1909-1911	1939-1940	1,958,000 00	\$358,000 00	68,530 00	\$12,530 00	Prisons and hospitals.
Totals,	—	—	\$3,222,300 00	\$358,000 00	\$112,082 50	\$12,530 00	
State asylums: —							
Worcester,	1902-1910	1931-1939	\$443,000 00	—	\$15,505 00	—	Prisons and hospitals.
Medfield,	1894-1907	1924-1936	1,469,800 00	—	51,443 00	—	Medfield Asylum.
Gardner Colony,	1902-1910	1931-1939	462,550 00	—	16,189 25	—	Prisons and hospitals.
Totals,	—	—	\$2,375,350 00	—	\$83,137 25	—	
Totals, hospitals and asylums,	—	—	\$5,597,650 00	\$358,000 00	\$195,219 75	\$12,530 00	
Miscellaneous: —							
Monson Hospital,	1895-1910	1925-1939	\$668,450 00	—	\$21,973 00	—	Prisons and hospitals.
Foxborough Hospital,	1906-1907	1935-1	130,000 00	—	5,000 00	—	Prisons and hospitals.
School for Feeble-minded at Waltham,	1902-1908	1931-1937	405,000 00	—	15,150 00	—	Prisons and hospitals.
Wrentham School,	1906-1909	1936-1938	245,800 00	—	8,343 00	—	Prisons and hospitals.
Totals,	—	—	\$1,447,250 00	—	\$50,466 00	—	
Totals, hospitals, asylums, and miscellaneous,	—	—	\$7,044,900 00	\$358,000 00	\$245,685 75	\$12,530 00	

1 At the option of the State Treasurer.

SEMIANNUAL CONFERENCES.

The twenty-fifth semiannual conference of the Board and the trustees of the different institutions was held at the State House on May 16, 1911. Dr. Herbert B. Howard, chairman of the Board, presided. There were present:—

Dr. H. M. Quinby, superintendent, Worcester State Hospital.
Dr. E. V. Scribner, superintendent, Worcester State Asylum.
Mr. Lyman A. Ely, trustee, Worcester State Hospital and Worcester State Asylum.

Dr. Arthur V. Goss, superintendent, Taunton State Hospital.

Dr. John A. Houston, superintendent, Northampton State Hospital.

Maj. C. S. Shattuck, trustee, Northampton State Hospital.

Mrs. J. H. Newton, trustee, Northampton State Hospital.

Mr. John McQuaid, trustee, Northampton State Hospital.

Dr. H. W. Mitchell, superintendent, Danvers State Hospital.

Miss Mary W. Nichols, trustee, Danvers State Hospital.

Dr. George S. Adams, superintendent, Westborough State Hospital.

Miss Sarah B. Williams, trustee, Westborough State Hospital.

Dr. Henry P. Frost, superintendent, Boston State Hospital.

Dr. Walter Channing, trustee, Boston State Hospital.

Dr. Edward French, superintendent, Medfield State Asylum.

Mrs. Sarah J. Rand, trustee, Medfield State Asylum.

Dr. John H. Nichols, superintendent, State Infirmary.

Dr. H. R. Coburn, assistant physician, State Infirmary.

Rev. Payson W. Lyman, trustee, State Infirmary and State Farm.

Mrs. Alice M. Spring, trustee, Gardner State Colony.

Mrs. Amie H. Coes, trustee, Gardner State Colony.

Dr. John G. Blake, trustee, Gardner State Colony.

Mr. George N. Harwood, trustee, Gardner State Colony.

Dr. Everett Flood, superintendent, Monson State Hospital.

Mrs. Mary B. Townsley, trustee, Monson State Hospital.

Mrs. Mabel W. Stedman, trustee, Monson State Hospital.

Dr. Walter E. Fernald, superintendent, Massachusetts School for the Feeble-minded.

Dr. George L. Wallace, superintendent, Wrentham State School.

Dr. Hartstein W. Page, superintendent, Hospital Cottages for Children.

Mr. H. S. Morley, trustee, Hospital Cottages for Children.

Dr. George T. Tuttle, superintendent, McLean Hospital.

Dr. J. F. Edgerly, private hospital, Newtonville.

Dr. Mabel D. Ordway, Glenside, Jamaica Plain.

Dr. Herbert B. Howard, chairman, State Board of Insanity.

Dr. Michael J. O'Meara, member, State Board of Insanity.

Dr. E. W. Taylor, member, State Board of Insanity.

Mr. William F. Whittemore, member, State Board of Insanity.

Dr. Owen Copp, executive officer, State Board of Insanity.

Dr. Lowell F. Wentworth, deputy executive officer, State Board of Insanity.

Dr. Daniel H. Fuller, assistant to executive officer, State Board of Insanity.

Dr. E. E. Southard, pathologist, State Board of Insanity.

The subject for discussion was: Measures for improving the condition and promoting the efficiency of nurses in our State institutions.

The views of the different speakers as expressed at this conference were as follows: —

Henry P. Frost, M.D., superintendent of Boston Hospital: — At the Boston State Hospital provision has been made in the past year for married attendants to live together. Seven couples, man and wife both doing duty in the men's wards, are thus accommodated in a location by themselves, and are enabled to enjoy something approaching home life when off duty. Aside from the advantages of having women nurses in the men's wards, for which service married women are to be preferred, we procure through this provision of quarters a more settled, earnest and painstaking class of employees and keep them longer, which is a very important consideration. These married attendants have their days and evenings off duty arranged to fall together, — an essential detail which might prove difficult to carry out if they formed a considerable proportion of the corps. We should, however, be very glad to have twice our present number if of the same quality, and would have them if we had the rooms available.

We have no accommodations for families including children. In such a family only the man is available for service, and both for the family and for the institution the better plan, I think, is to have the home outside and allow the attendant commutation for quarters. A limited number of such families might live in tenements on the grounds if these are extensive enough, but certainly at an institution situated as the Boston State Hospital is this kind of provision cannot become an important factor in solving the problem of stability in the nursing staff.

Compensation and Hours of Duty. — No one has any fault to find with the prevailing hours of duty, sixty hours a week, with one full day off each week and two weeks' vacation annually, besides reasonable sick leave.

With us the men begin at \$25 per month, which with maintenance is better than \$50 outside; at the end of six months they get \$28, and after a year \$30. If given charge of a ward, \$5 more is paid, and on some wards another \$5 additional. Women in men's wards receive the same pay as the men. For beginners and throughout the period of training I believe the present rate of pay is about right, but it would be desirable to increase the compensation for charge attendants and nurses and also for the one occupying the second position in each ward and to establish in these grades a sliding scale which would add \$1 per month each year for, say, ten years. This would make attainable for the best of the men positions of sufficient dignity and emolument to be sought after and retained by faithfulness and efficiency. As soon as practicable, graduation in the training school should be required before promotion to these higher positions; and with this definite incentive in view the present difficulty in getting the men to stick to the training school course would disappear.

In the women's service, the present rate of compensation is \$5 per month less than the men receive; it should be increased for the higher grades in the same ratio as proposed for the men. It will usually happen that promotion is awaiting the pupil nurse on graduating; in any case there should be a definite increase of pay for those who consent to remain in the service.

Educational and Occupational Training. — I am convinced that careful training of attendants and nurses, definitely fixing their duties, and so directing their work that they can see its results and appreciate its dignity and value, is of even more importance as a means to secure a stable and efficient corps than is the question of compensation. It pays to emphasize to them the fact that they are intrusted with the most important and difficult work of the hospital, and that its success and good repute depends upon the way they perform their duty; and it pays most decidedly to maintain with the attendants an attitude of appreciation and co-operation. Demonstrate to them that you

know every detail of the work that is given them to do, and not only show them with utmost patience how to do it, but especially the spirit in which it should be done. Make the training school as interesting and practically helpful as possible, but also make each ward visit a lesson, with very varying details, of course, but having as its main theme a keen interest in the patient's welfare and progress and the importance of something being done all the time for their benefit. In this connection occupational training has a most important place in the hospital work. Idleness is depressing and tiresome, both as a practice and as a spectacle. It is also contagious. Hire an attendant and assign him to a ward in which the patients go through a dull routine of getting up, going to breakfast, making the beds, taking a walk, having dinner and another walk, polishing the floor, eating supper and going to bed, — many of them omitting the more active parts of this program. If disposed to activity, service in this atmosphere is unbearable, and he resigns in disgust; if slothful, he remains and participates in the general somnolence. Substitute a purposive activity in this ward and let a new attendant be introduced into a company alive and alert with varied and interesting duties and also recreations properly ordered and filling the day. Let him understand that lounging in the ward and getting on his feet when the doctor appears is not the whole and scarcely an important part of his duty, but that he is expected after learning the necessary details of ward work to learn also how to divert and occupy the patients. Send him with patients to the industrial rooms, there to be shown how they can be interested and stimulated by different kinds of employment, to be taught the importance of this as treatment and to receive instruction which shall fit him to help carry it on. Let him see in the ward as in the shops patients engaged in making something useful: mats, baskets, what not, — or diverting themselves with fancy work, drawing, cutting out pictures, etc., in all of which, as well as in card games and other frank amusements, he observes on the part of the attendants and the physicians a display of interest and an endeavor to get others engaged.

There may be some advantages in securing specially trained instructors to teach the attendants and nurses handicrafts and

diversional occupations with which to interest and occupy the patients, but it is feasible and on the whole, I believe, better to develop this sort of thing, like other features of our work, within the hospital itself. In this, as in so many other things, what we need is more co-operation and interchange of experience between the hospitals. We have gotten most valuable help in this direction through sending selected employees to observe and study what is being done in other institutions, to visit exhibitions, attend lectures, inspect materials and products in the shops, etc. Books giving a variety of helpful information are easily obtainable, and in periodicals may be found many stimulating reports of methods and results. If the subject under discussion were occupational training of patients as a therapeutic measure and as a means to check deterioration and develop usefulness, to replace disorder and destructiveness, I should have much to say. As a part of the curriculum for attendants I will merely repeat that I consider it as important in our special work as their training in the usual duties of a nurse; and as regards its practicability my own experience, limited as it is, has shown me that there is little difficulty in enlisting the interest of a sufficient number to make it profitable.

Dr. George T. Tuttle, superintendent of McLean Hospital: — While I have been advocating for some years the building of cottages for married nurses, nothing has yet been done at the McLean Hospital except to provide a house for the supervisor of the men's department.

When I receive an application from a man and his wife, who have been employed in other hospitals, I make it a rule to decline them, and, in fact, any nurse who has been employed in another hospital unless I get exceptionally good references. I do not employ married couples, although some of our own nurses get married and are retained in the service, but there is no special provision at the hospital for them. There is another side to this question. Ought we to encourage these nurses to get married and assume obligations which their pay is not sufficient to meet? It keeps them impoverished all the time.

We all recognize the importance of keeping desirable nurses who know their business, are well educated, whom we want for qualifications other than their knowledge of nursing. To this

end the position of a nurse must be made attractive. While there are a few people in this world who are influenced by the so-called higher motives, and work for nothing for the benefit of their fellow men, so far as I have seen the most of us have a healthful regard for our own interests and we should not expect of our nurses more than we ourselves can give. If we want to keep our head nurses — those who give character to the hospital and are responsible for the patients' care in the different wards — we must pay them enough to make such positions attractive. The compensation at the McLean Hospital is not so great as it is in the State hospitals for most of the nurses. The women, while they are in the training school, get \$7 a month for fifteen months and \$10 for the next fifteen months. The men get \$21 and \$24 for the same time. After graduation they are paid more: at the end of six months \$25 and \$27, and at the end of the year \$30 for both men and women. For important positions \$35, \$40 and \$45 a month are paid, and for a few positions even \$60; so that there is a something to look forward to after graduation. All of the nurses, both men and women, must be members or graduates of the training school.

The women see in nursing a career, and as a rule stay and graduate. The men do not look on it in that light until they get more than half way through the course. If we can keep a good man until he is half way through the course in the training school he is pretty sure to stay and graduate, but out of 55 or 56 men there are perhaps 35 whom we can count on who stay long enough to be really worth something. The others are of the floating variety, coming and going, and of little value if not positively harmful.

Dr. Copp:—What proportion of your men continue as nurses after they leave the hospital?

Dr. Tuttle:—I cannot answer that question exactly, but a fair proportion of those who graduate. Of those who enter the school a very small proportion graduate, — say 40 graduate 9. A good many of them stay in the profession for years. I have been surprised to see how many. Quite a large number study medicine and make good physicians, but not so many men as women stay in the profession.

I cannot speak well on the matter of occupation of patients

from the point of view of the State hospitals. It seems to me that it should be made, so far as possible, a productive matter. I met recently a superintendent of one of the London County hospitals and was surprised to learn how many things his patients made and how great an economy it was for the hospital. The first consideration is, of course, the value of work as a remedial measure. The next is the value to the hospital of the work done, which becomes a prime consideration in the case of able-bodied patients who are incurable. My patients will not engage in manual labor to any extent. I have known quite a number who said they wanted to get outdoors to work. I sent them to the farm; they would look around, come back and say that they "wanted to see how the farm was carried on." They loafed around the farm for a few days and watched the work of others as a diversion, but they themselves would do no productive work.

This last year I have hired a woman at a salary of \$800 for four days a week for ten months to teach certain forms of handicraft, such as lace-making, drawing, painting, leather-work, weaving and basketry, and it has proved exceedingly satisfactory. It keeps a large number of patients busy. It is productive, in a way, because they use the things they make, give them away, send them home, etc. It is a form of diversion although it is also useful occupation.

Dr. Copp: — If you start with the idea of treatment in your occupation, of simply teaching patients to do the simple things, — kindergarten and other things really interesting, — does it not all lead to their becoming useful workers? Is not that the primary training to the end which you would seek in the State hospital?

Dr. Tuttle: — I do not know. It is a means of treatment and I value it highly, but whether demented patients, so weak-minded that they will sit unoccupied all day, if persuaded to do such work would improve sufficiently to do productive work I do not know. Some say that they can be re-educated, and I think they can, to a certain extent. Such employment tends to prevent the degenerative process and keeps them in better shape, but whether it would lead up to making them self-supporting I have not had experience enough to know.

As for the nurses, they have not thus far got very much education along the industrial line. Some must be there to help and learn by observation. The woman who has charge of the physical training helps in the work and is becoming expert. It takes them all to keep some of the demented patients at work. A few of the men nurses have been sent to the women's gymnasium for lessons in basketry, and have passed it on to their patients, so that the work is spreading throughout the hospital.

Dr. Hosea M. Quinby, superintendent of Worcester State Hospital:— Within the last ten years the Worcester Hospital has spent something over \$100,000 to improve the condition of its nursing force. It now provides living quarters outside the wards for practically all of its nurses, quarters which should seemingly meet the requirements of even the most exacting, being attractively located, commodious and fitted up with all the modern conveniences.

To increase the efficiency of our nurses we have provided a training school. All of the women nurses are required to belong to this school. It is also open to men, but, on account of the many practical difficulties at present in the way, it has not seemed feasible to insist upon their joining the school, although many of them do so voluntarily.

The hospital is lacking in provision for married people. We have 3 houses occupied by mechanics, employed at the hospital, and should have certainly 3 more for married attendants.

In regard to compensation it seems to me that the women nurses are now liberally compensated for the service they render while in training. Unlike the nurse in the general hospital they get a liberal wage in addition to their training. To the trained nurse, however, we pay too little, and as a consequence find great difficulty in retaining nurses after they are trained. They can command much higher wages outside.

There is certainly great necessity for our doing something to attract and retain a more desirable class of male attendants, and I can see no feasible way of doing this except to very materially increase their pay, if not of all, at least of our head attendants.

We have tried many forms of occupational training, such as basket-making, spinning, making stockings, weaving rugs, caning chairs, etc., but each of these industries has been abandoned,

chiefly for the reason that we were able to find more remunerative employment for our patients in connection with the domestic affairs of the hospital.

There is in every large hospital, according to my experience, more work to be done than there are workers, and if I were to employ a superintendent of industries it would be to interest and instruct patients in the industries incident to every-day life of the institution rather than in raffia work and the like.

For several years we have employed two male attendants constantly to take out and reinstruct such of our patients as were able to work, but were disinclined to do so from lack of initiative, or otherwise. In this way we have succeeded in relieving the wards of many of our cases of dementia præcox and of a considerable number of our violent and excited patients. The work that such patients are put to is of necessity of the simplest kind, and such that the ordinary employee can instruct them in. For a considerable time their work amounts to little, but eventually many of these people become diligent and useful workers. If we felt at liberty to employ more attendants we could extend this work, and include not only the men, but the women, or practically all of our inmates that are physically able.

In regard to the character of our employees, all I can say is that we use every possible precaution to insure getting good help. If for any reason they prove undesirable we get rid of them at once.

John A. Houston, M.D., superintendent of Northampton State Hospital: — With respect to what we are doing for families I would say that we have 8 houses on the grounds belonging to the institution in which are from 9 to 10 married couples and their families. In only one of these, however, are nurses cared for. In one of the houses provision is made for 4 married couples, but I cannot say how this plan will operate because they have only this week begun to occupy the house.

We have had in the last few years from 20 to 30 married couples; a part of the time I have thought that the employment of such would go a long way toward solving some of our problems. When we get a married couple who do well we are very much encouraged, but often one of a couple is not a desirable person and consequently changes are frequent. We still have

5 or 6 married couples, several of them on the male wards. I think they work better together than to separate them by putting the woman on the women's ward and the man on the men's ward.

As for compensation and hours of duty I think that we pay enough to our women nurses who are under training, because the training should be considered a part of the compensation, yet we never secure enough nurses, probably because there are so many institutions in the State requiring them.

The men who come to us as nurses see men of equal ability working eight hours a day in other departments, going to their work at 8 o'clock in the morning and leaving at 5 o'clock at night, having their evenings and their Sundays and one afternoon in each week off duty; this makes the nurses discontented who are shut up in the hospital from 6 o'clock in the morning until 8 o'clock in the evening for six days in the week. The only way we can overcome this is to offer them more pay. As a rule we pay more than this class of help can get elsewhere, and still we do not get enough. The work is very unattractive and they are always looking for the time off duty. I do not believe that anything we can do in the way of educating our male nurses, which will give them more work to do, will be of great value in enabling us to retain our male help. It may in a few instances, but it will not be of general value. The only thing will be larger pay and shorter hours of duty.

We are getting from all sides pamphlets advocating a course of training for nurses and attendants. We have also seen introduced in the Legislature this year a bill compelling the management of institutions to train their attendants in arts and crafts and things of that kind. In answer to this I would say the managements of the different State hospitals have been too modest in Massachusetts. We have been doing these things as a matter of course, and have not thought it worth while to make more than mere mention of them in our annual reports or in the daily press. I took pains to look over an old volume of our annual reports before coming to this meeting. Northampton State Hospital was opened for patients in 1858. There is much said in early reports of the hospital about the value of occupation, — some such things as these: "The importance of employ-

ment and amusement as curative agencies is fully appreciated and all means at our disposal are freely made use of. For the men there is the farm and garden work, grading, fencing, etc., and for the women the ordinary housework of the institution, household work, etc." That was in 1858, — fifty-three years ago. The next year the report speaks especially of the value of this regular daily exercise, that "it can hardly be over-stated." In 1862 they began the tying of brooms and the braiding of hats and bonnets and the making of baskets. In that year they made over 1,000 baskets. The next year (1863) the report says that for several years they have been making rugs and husk mats. They made all the mats that were used in the institution and they then began making mattresses, and have been doing this ever since.

In 1863 it was said that the employment of patients "is of such importance from a hygienic view that it is in no danger of being lost sight of, and the importance of securing it will be constantly studied and availed of to as great an extent as possible."

Speaking of the training of nurses and attendants, the superintendent at that time said that "ability to excite the interest of patients in their occupations and amusements should always be regarded as among the qualifications to be possessed by those to be in immediate charge of the inmates."

I could go on to enumerate these extracts at great length.

Yesterday, before coming to this meeting, I asked our assistant physicians to give me a list of some of the things that the patients are doing, and I assure you, gentlemen and ladies, that if a list should be made of everything that is being done in the State institutions in our State, it would astonish all of us who are here, not to say all those who are introducing bills of the nature of those I spoke of.

When I mention what they are doing (and what is being done in other institutions) it seems that the patients are doing it under the instruction of employees, of our nurses and artisans. Every employee and mechanic at the Northampton State Hospital is supposed to teach his patients to do some of these things. For instance, we are making concrete walks. We taught the attendant who is doing this. He knew nothing about it when

he came here. He does very well. We taught his predecessor to make walks and he left us to get a job with a contractor doing similar work. All of our tinware is now being made by patients. The patients have painted the whole interior of the north wing this spring and they are now engaged in painting the walls on the women's ward. They are repairing shoes; cane-seating chairs; making mattresses. They have made mattresses for about fifty years. We have had two patients and one attendant who learned to make mattresses at Northampton, who afterwards secured profitable work outside at the same occupation. The attendant left us after he had learned because he could do better elsewhere. They do carpenter work of all kinds, and cabinet work. Some of our best cabinet work has been done by inmates' labor; chairs have been made, — chairs so good that a former member of the Board of Insanity wanted to buy one. The desk that I sit at every day when I am at my work was made for me by a patient. We had a patient learn meat cutting, under the direction of one of our employees, who has since taken a similar place outside. The same has been true of baking. Patients who have learned to bake have obtained positions outside with bakers. Then there is the care of the gardens, lawns, etc. Patients are doing plastering, under the direction of attendants who have been taught by us to teach the patients, and the same is true of brick laying, of printing, of electrical work, of book-binding, not to mention many other things. The women patients are engaged in braiding rags into rugs and making knitted and tufted rugs. They have been engaged for years in making raffia baskets, not for the profitableness of it, but to keep the patients occupied and interested who are depressed and cannot be trusted to use scissors or other sharp implements. They also make table mats and napkin rings. The women have gardens where they plan and care for small pieces of ground, raising flowers, vegetables and fruit for their own use. They pick peas, beans, berries, etc., raised on the farm. They are doing embroidery all the time as well as dressmaking. Some of them have taken up dressmaking after being discharged. One patient who learned to crochet here has adopted crocheting as her means of livelihood since leaving the hospital, both selling the product of her own hands and giving lessons. Sewing, of course, is

taught, the making of garments, dresses, underwear, aprons, etc., for themselves and others. All the household linens made in the institution are made by patients. They are also taught the trimming and making of hats for themselves and others; knitting and crocheting caps, hoods, doilies and slippers. We sent one of our assistant physicians and the supervisor away to learn to do some of these things. We sent them up to Deerfield to learn to braid and to make baskets and to teach basketry. But this has not acted as an incentive to keep nurses at the hospital. It is a matter of indifference to them whether they learn or not; they leave the service just as quickly.

We had one patient not long ago who took lessons in cookery from the nurses who had themselves learned it from the teacher that comes every week for four months in the winter to teach the nurses. She learned from them, and for several months while a patient she did special diet cooking for other patients, and when she left the hospital that was the means of her getting work. The patients also receive instruction in making candy for our parties, making lunches for picnics, pickling and preserving and many such things too numerous to mention.

In 1898 we engaged an instructor in athletics from Smith college to come up and give us lessons every forenoon. She was with us all that year. Then we liked the work so well that we engaged a lady permanently, — a graduate of the Boston Normal Training School for Gymnastics. She was with us from April, 1899, to September, 1899, from November, 1900, to July, 1901, and from September, 1901, to April, 1902, and then left to get married. Then we secured the assistant instructor at Smith college, who came up each week for several years. The woman who preceded her lived in the hospital, and her whole duty was to take charge of the amusements and instruction of patients in athletics and gymnastics. She taught the nurses massage and had a list of patients to whom massage should be given, ordered by the assistant physicians. She taught out-of-door games, and in the evenings, card games and amusements. In fact, she had general charge of all amusements. She would also take convalescing patients who were so dull and stupid that they had no initiative of their own, stand them in a row and get them to pass a ball from one to another, back and

forth, and other such simple things, getting them interested from the simple things to more important ones. In 1908 we secured another woman to come permanently to do the same kind of work. She was there in 1908 and 1909. Now for a year we have done without a permanent officer of that kind because of the difficulty of getting one. They are not willing to come for what we can afford to pay. We paid her \$400 to \$500 a year and her living, but that is not sufficient to induce the right kind of a woman to come; consequently in the last year the work has been done rather spasmodically.

Dr. Arthur V. Goss, superintendent of Taunton State Hospital: — I have a few statistics in regard to provision for family. When Dr. Brown built the Nurses' Home for men he made provision there for married couples, a number of the rooms being large enough for a man and his wife. In addition to that, in our industrial building we also have some rooms large enough. The upper story of our laundry is devoted to rooms for employees; some of these rooms are large enough for married couples.

At the present time we have 17 married couples, — both man and wife employed by the hospital, — and we have 20 men who live at home and have some compensation in lieu of their maintenance at the hospital. These are those who are on the monthly basis of pay. Besides these we have about 8 mechanics who are paid by the day and have families outside. At Taunton we have found the employing of suitable married people to be a great help in solving the employee question. To be sure, we have the same troubles that all of you have. We get one good one with one poor one very frequently. Then one leaves, and when one leaves both leave and we have two vacancies instead of one. On the other hand, we have been fortunate a good many times, and we are at the present employing many married couples where both are desirable and useful.

We pay, I think, about the same scale of wages that the other State institutions do. Twenty-five dollars for the first six months and \$30 at the end of the year for men, and \$5 less for women. We have a training school, and our graduate men are paid from \$35 to \$40; in the case of those exercising the duties of supervisor or head nurse, as high as \$50; the women from

\$30 to \$35, and in some instances as high as \$40 in the case of their occupying similar positions. We have maintained a training school since 1894 and during that entire period it has been open to both men and women. We have graduated during that period 123, — 34 men and 89 women. Personally I am very much more hopeful along the line of educating men than some of my colleagues. The most valuable men that we have in the institution are all graduates of our training school. We have only one who is at all in the class with those who have graduated who is not a graduate, and I hope to increase the number of graduates very materially. At the present time we shall graduate 8 the first of June, — 6 women and 2 men, and our next year's class, we expect, will consist of 7 men and 18 women, a total of 25. At least, that is the number at the present time, though after the spring examination the size of the class will be somewhat reduced. We still expect to have a good-sized class.

At the present time the attendance upon the full training school course is obligatory in the case of women. The full course has not been obligatory with the men, though for some years back they have all received a partial training. Beginning, however, with the present time, it is our intention to give the full course of training to both men and women, and we have already made a beginning. That constitutes about what we have been doing in the way of educational training at Taunton.

As to our occupational training, we have been a little bit surprised, the same as Dr. Houston has, to find that the prevailing impression is that the institutions are places of idleness; that the patients, and, in fact, nobody does very much. Our experience has been that a hospital is a busy place. We have been engaging in occupational training for years without saying anything about it. I have had occasion to look the matter up in the Taunton records this year in a paper that I prepared for another body and I found that this occupational training had been used ever since the hospital opened, which was in 1854; had been advocated, systematized, and developed, as indicated in the annual reports of the three superintendents preceding the present, so that it is an old story at Taunton, and our list of things done is fully as long as Dr. Houston's. I will mention just a

few figures to indicate the extent to which our patients are employed. Taking the month of April, there were 1,037 different patients in the hospital, and out of that number 618, or 59.5 per cent., were employed in some occupation. The occupations (as Dr. Tuttle and Dr. Quinby have expressed their convictions) ought to be useful and they are, for the most part. Of those that are useful to the institution: on the farm and grounds we had 104 men; domestic work on the wards, 195, — 96 men and 99 women; in our kitchen we had 35 employed, — 21 men and 14 women; in the laundry, 62, — 39 men and 23 women. For years we have made mattresses, pillows, etc., and done all repairing, and we have 4 men employed in the mattress shop. For quite a number of years we have made and repaired all shoes used in the institution. During the month of April, 14 men were employed in that shop. For almost two years we have made all clothing that our men use, and in the tailor shop we have 21 men employed at that work. We have on the wards, not in the shop, 76 women whose condition, for one reason or another, is not as favorable to work outside the ward as some others, and these 76 women are employed in making useful articles for themselves and others. All clothing used by our women patients, except knit underwear and stockings, is made on the wards by our women patients. We have sewing machines there and the work is under the direction of our nurses. We have found it easier to get work done there than where we have a set place for it.

We have a shop for miscellaneous work where we do all sorts of work, — caning chairs, making brooms, etc., and we expect to extend the work during the winter months by producing other articles of manufacture, whatever we find most useful to us.

The carpenter has 4 men working with him; the painter 10; 7 are helping the engineer; 2 with the mason; 4 with the baker; and 4 who assist the man who has charge of the storeroom, cold storage, cutting meat, etc. To enumerate everything would be a tiresome task, because about the work of the farm alone there are a thousand and one different things that a farmer has to do and know about the care of his stock, milch cows, swine, poultry and those things, not to say anything about the actual cultivation of the soil, gardening, etc. During the summer we have found

it profitable and beneficial to get our women to work out of doors and substitute that for something else. For instance, as soon as greens, small fruit, beans, peas and such things come on, we have, for the last year or two, had our women gather them. They enjoy it. It does them good, and it enables us to use the men for the heavier work that the women are not qualified to do. At the present time it seems best to us to try to expand along the lines we are now pursuing, and try to add such useful things from time to time as may be desirable.

As to the exclusion of the undesirable nurse, it is a matter of individual judgment in employing persons to employ as desirable ones as we can, and not to retain any one after it becomes evident that that person is not going to be a person adapted to our work.

Dr. George L. Wallace, superintendent of Wrentham State School: — If this line of training work is worth doing, it is very essential to have it well organized and under the direction of high-grade employees, because if it is left to the discretion and judgment of the ordinary attendant it is bound to deteriorate before the superintendent comes around next time. In our especial line of work we find it very necessary to have high-grade people to do this work and to teach the others to do it, — that is, to train the attendants so as to make a daily routine thing of this training work and to prevent it from becoming spasmodic.

Dr. Copp: — You are working with a class of feeble-minded and idiotic. Do you believe there is any essential difference between that class and their needs and the class in the insane hospitals?

Dr. Wallace: — The symptoms of the individuals are very similar. In the training work with the feeble-minded which we have been doing at Waverley, we have begun down so far as putting a stone in the child's hand, having him carry it to another point and deposit it where it is necessary. We have been interested in the work, having spent hours in holding onto a grub-hoe handle with a boy teaching him how to use it, how to bring it up and put it down, and this work cannot be left to the discretion of some recent employee who considers it beneath his dignity to do manual work. It is very necessary to have the keen interest of a physician in directing and supervising the

work if possible, but if you cannot get a physician get the very next best person.

Dr. Copp:— You opened new buildings recently and you had 200 idiotic boys and girls go into these buildings. Did you have an agreeable and easily managed set of people?

Dr. Wallace:— In order to keep our fine new buildings which we are all so proud of from becoming absolutely demolished, if for no other object than for self-preservation, it was necessary to train our employees immediately to teach our children to do useful things. These children were very excitable and destructive. We had to establish our training school right straight off, and in that way we were able to save our buildings from chaos.

Dr. Copp:— How many are unoccupied to-day?

Dr. Wallace:— Two boys who cannot walk, and they are now doing some work with their hands.

Dr. Copp:— What are the nurses doing?

Dr. Wallace:— Our employees are doing all kinds of work. They take the children back and forth to school, teach them to play, etc. The children's play is of the more explosive, destructive kind, and it is necessary to have regular organized classes to teach them how to play, how to dress, how to lace their shoes, button their clothes, how to walk orderly and quietly, how to wash their faces and how to clean their teeth.

Dr. Owen Copp, executive officer, State Board of Insanity:— A visit to the Gardner Colony, after a year's absence, made a profound impression upon me. The transformation of the attitude of patients was no more wonderful than that of the attendants. The latter were formerly discontented, complaining and sceptical as to the possibility of occupying their patients. Now they are busy with them in various occupations and diversions and, in consequence, are contented and interested. Their minds have been diverted from exclusive attention toward duties and repressive measures. They have become teachers and are doing something for the patients. It is worth while thus to elevate their work and render it attractive. This will keep them in the service.

You would be surprised if I should read a list of the many kinds of useful work being done in the institutions throughout

the State, or quote the large percentages of the patients so occupied, but there is a large class still idle on the wards. They are the stupid demented without initiative, who need to be taught the simplest movements, and persistently trained as the feeble-minded children and trained in the special schools for such. If the schools for the feeble-minded did not apply educational methods, their inmates would be the most intractable and difficult to manage in the State. Yet such methods rarely fail to make good patients out of the worst. Ninety-three per cent. of the patients at the Waverley School and nearly 100 per cent. at the Wrentham School are usefully employed. Systematic effort in the same direction would accomplish much in our insane hospitals and asylums.

Dr. Harry W. Mitchell, superintendent of Danvers State Hospital: — There is not much that I can say except to repeat what Dr. Quinby and Dr. Houston have said in regard to certain work which has actually been done in the State hospitals. I expressed my personal opinions regarding the keeping of undesirable employees at the last meeting, also in regard to the men and women who happen to be married. I merely corroborate the opinions that have been expressed here to-day.

There is one side of the matter from a medical standpoint that I would like to speak upon, and that is, that our institutions vary somewhat in their character and in their needs. We have at Danvers something like 600 patients admitted annually. Now there is a chance in that large group of new patients to do a great deal of work along the lines which have been discussed to-day, and so far as I know, from some years' work at that hospital, a very large percentage of the patients who are recovering from acute psychoses, viz., the patients of the manic-depressive group; the patients of the dementia præcox group, as soon as their first excitement is over; the alcoholic group, as soon as their hallucinosis has subsided and they can be trusted, are employed, one and all; and except for an occasional chronic patient, nearly every patient who is discharged as recovered, or capable of self-support, demonstrates his fitness by some weeks or months of productive work.

This year we have a large group of men going out on the gypsy moth commission. Others are picking dandelions.

Others are digging weeds along the roads. They are out under the care of men largely for the purpose of securing the therapeutic benefits of outdoor employment.

I feel a mild resentment when I hear the statement made that no work is furnished for this group of patients, because it has been furnished in 95 per cent. of the cases. I think such misrepresentation is of some importance, in view of the newspaper statements in which it is said that our patients are deteriorating mentally simply because we do not furnish them with work. This statement is misleading and inaccurate, and so far as I know from personal experience, all of the patients, practically, who go out discharged into the community, are furnished with some work. Now, a large body of the patients who do not leave the hospital have become steady workers and are continually being transferred to other state institutions. In the acute hospital service we have a group, which is relatively a large one, with which it is impossible to use employment of any kind. It is a difficult medical problem to care for the patients who have a destructive, organic disease in which there is a gradual, progressive failure of mental and physical strength. There must come a time when these persons are incapable of doing anything, from the very nature of their organic, destructive processes. These patients form a large percentage of our number in the acute hospitals.

I think much work could be done in our crowded wards with filthy and demented patients similar to the work which is being done with the feeble-minded. I would agree with Dr. Copp's statement that the latter make much trouble. In handling these patients and in training them I believe that it is better to educate nurses who are well trained in the care of the insane. Select some desirable nurse and give her an opportunity to acquire the manual training which is necessary to do this work, because I believe a nurse who knows how to get along with the insane and adapt herself to their peculiarities will make a better teacher than one who has never had any real experience in an insane hospital.

There is practically nothing more that I can add, except to reiterate what Dr. Quinby, Dr. Houston and Dr. Goss have said.

Dr. Walter Channing, chairman of trustees of Boston State Hospital:—I represent the Boston State Hospital, as you know, and I cannot add anything to what has been said by the superintendent except to state very emphatically that since the State has taken the institution, the general appearance and well-being of the patients have been much improved. It is a fact that few patients were employed when we took over the hospital two and one-half years ago. We are now employing a great many and are certainly seeing beneficial results.

We have poor accommodations for our nurses, and perhaps cannot do as much in some ways as is done in other institutions, but I find a much better feeling among them. They are doing more, and, most important of all, we have all that we require. This is a very pleasant state of affairs.

Another thing is the great importance of co-operation among institutions in regard to the nursing staff. They should have the same hours, same time off, and the same schedule of wages, as far as possible. Uniformity in these respects would make a great deal of difference, because nurses will leave one place to go to another where hours are shorter and pay better. The nurses in the State hospitals now have so much time off that they had rather work in them than in private institutions. I thoroughly believe in uniformity in as many directions as possible.

A conference like this helps materially to improve the care and management of the patients in our hospitals. No institution is without defects; neither is any system perfect. We should welcome the opportunity these conferences give to learn about our weak points from our friends.

The twenty-sixth semiannual conference was held at the State House on Nov. 21, 1911. Dr. Herbert B. Howard, chairman of the Board, presided. There were present:—

Dr. Samuel B. Woodward, trustee, Worcester State Hospital.
Dr. Arthur V. Goss, superintendent, Taunton State Hospital.
Dr. John A. Houston, superintendent, Northampton State Hospital.
Maj. Chas. S. Shattuck, trustee, Northampton State Hospital.
Miss Mary W. Nichols, trustee, Danvers State Hospital.
Mr. S. Herbert Wilkins, trustee, Danvers State Hospital.
Mr. Horace H. Atherton, trustee, Danvers State Hospital.
Dr. George S. Adams, superintendent, Westborough State Hospital.

- Miss Eliza C. Durfee, trustee, Westborough State Hospital.
Miss Sarah B. Williams, trustee, Westborough State Hospital.
Dr. Henry P. Frost, superintendent, Boston State Hospital.
Mr. Henry Lefavour, trustee, Boston State Hospital.
Mrs. Guy Lowell, trustee, Boston State Hospital.
Dr. Ernest V. Scribner, superintendent, Worcester State Asylum.
Dr. Edward French, superintendent, Medfield State Asylum.
Mrs. Sarah J. Rand, trustee, Medfield State Asylum.
Dr. Charles T. LaMoure, superintendent, Gardner State Colony.
Mr. George N. Harwood, trustee, Gardner State Colony.
Mrs. Alice Miller Spring, trustee, Gardner State Colony.
Mrs. Amie H. Coes, trustee, Gardner State Colony.
Dr. John H. Nichols, superintendent, State Infirmary.
Rev. Payson W. Lyman, trustee, State Infirmary and State Farm.
Dr. Ernest B. Emerson, medical director, Bridgewater State Hospital.
Dr. Everett Flood, superintendent, Monson State Hospital.
Dr. William N. Bullard, trustee, Monson State Hospital.
Mrs. Mary B. Townsley, trustee, Monson State Hospital.
Dr. John A. Horgan, physician to out-patient department, Foxborough State Hospital.
Dr. Walter E. Fernald, superintendent, Massachusetts School for the Feeble-minded.
Dr. George W. Gay, trustee, Wrentham State School.
Mrs. Willard Scott, trustee, Wrentham State School.
Dr. Hartstein W. Page, superintendent, Hospital Cottages for Children.
Mr. H. S. Morley, trustee, Hospital Cottages for Children.
Dr. Mabel D. Ordway, Glenside, Jamaica Plain.
Dr. J. F. Edgerly, private hospital, Newtonville.
Dr. George B. Coon, private hospital, East Walpole.
Miss Edith N. Burleigh, social service department, Massachusetts General Hospital.
Mr. J. Wyeth Coolidge, Boston, one of the founders of Hospital Cottages for Children.
Dr. William T. Shanahan, medical superintendent, Craig Colony for Epileptics, Sonoma, N. Y.
Dr. Herbert B. Howard, chairman, State Board of Insanity.
Mr. William F. Whittemore, member, State Board of Insanity.
Dr. Edward W. Taylor, member, State Board of Insanity.
Dr. Michael J. O'Meara, member, State Board of Insanity.
Dr. Chas. E. Thompson, executive officer, State Board of Insanity.
Dr. Lowell F. Wentworth, deputy executive officer, State Board of Insanity.
Dr. Daniel H. Fuller, assistant to executive officer, State Board of Insanity.
Dr. Elmer E. Southard, pathologist, State Board of Insanity.
Dr. Mary Lawson Neff, director of industries, State Board of Insanity.

The subject for discussion was: The relation of social service to our institutions.

The views of the different speakers as expressed at this conference were as follows: —

Dr. Herbert B. Howard, chairman of State Board of Insanity: — Some one has said that we have learned how to fill up our institutions, but we have not learned how to empty them. There is a feeling on the part of the community that there is a large number of people in our institutions who should be outside. I think most of us will admit that there are some who, if greater effort were made, could get along outside. We now have a law by which the Board of Trustees for each institution in the State can board out any of its patients that are proper to be boarded out, and the time probably is not far distant when it will get to be perhaps more of a routine custom than at present, where each patient will be looked over and considered, perhaps in conference, as to what is the excuse for keeping this particular patient in the hospital. Can this particular patient be moved a step nearer to taking his or her place in the community again? Can this patient be boarded out? If he is to go back into the community, what should be done? What is there that stands in the way of replacing him in the community? If notes are made of each case with reference to that particular thing, perhaps during the following year something could be done to remove the obstacles which stand in the way of a good many of these individuals.

To-day we take up the social service. I presume one of the reasons for taking it up is that it seems to be one of the means by which we can more safely replace patients into the community. Through the social worker we can gather from the community data that will help us in our work in the hospital. Many things that help in the work within the hospital should help the patient after leaving the hospital.

Dr. Henry Lefavour, trustee of Boston State Hospital: — I was invited to open this discussion, not because I was connected with the social service in any hospital, but to speak of it solely as a layman and to describe its possibilities.

We are all familiar, in the organization of the hospital, with the surgical service and the medical service, and underlying

these are the auxiliary services such as the administrative and the domestic service, the nursing service and the scientific service. Now comes the question whether there should not be added to these a new form of service which could be called the social service.

The ordinary patient in the hospital is simply a human organism. When that patient is received an effort is made to determine a diagnosis by surgical exploration, by surface indications and by scientific examination, and our hospitals are so far successful that the diagnosis is ordinarily accurate and satisfactory so far as the physical element is concerned, but there is one element which is not taken into consideration by any such tests, and that is the element of individuality. The individual is, of course, the product of heredity, but very much more largely the product of environment. The individual is what he is, practically, because of his own history in the world, the influences that have been around him since his birth, as well as the present environment, — all these are involved in his character, will power, his moral stamina, his intelligence and his economic usefulness.

A patient in the hospital is an instance of human organism, which can be studied as a material object or as a living biological object, but unless we take into consideration the psychical element of the individual I believe it is now recognized more and more by all physicians that we should be leaving out of consideration a very important part of the problem. The ordinary hospital has not met this problem, and surgeons have not the time or the means to determine anything about that individuality, for to know it we must know the history and the present environment. We are going to try to find the causes which have led up to the present abnormal condition in order to do something more than can be done in the hospital work. In other words, we want to replace as well as we can the useful experience of the family physician. Why is it that we place more reliance on a family practitioner than we do upon the physician to whom we go casually? It is for the very reason that he knows the history of the individual and knows the possibilities of that individual, both of himself and of his environment.

The social worker comes in here in his relation to the hospital, to supplement the knowledge of the hospital, both with respect to the past — and that means with respect to the present — and also to the potentialities of the patient. That, as I take it, is the first object of social service.

The second purpose is with reference to treatment. We may restore the patient to a more or less normal condition and send him out a convalescent, but what about the treatment? No final advice or prescription, no matter how wise, no matter how emphatically urged upon the patient, is of much use unless it is given with respect to possibilities, and if we already have a history of the case (and the history of the case means the history of the environment) and know the possibilities so far as environment is concerned, then our method of treatment would be adapted to these conditions. Here, again, comes in the comparison with the family physician. He would not advise a patient to do a thing which he could not do, no matter how well or bravely entered upon. He would never, if the patient had no material means, urge upon him a course of procedure which the patient could not afford. So the advice to the patient must depend upon his knowledge of the individual. More than that, the carrying out of that treatment in almost every case means carrying on a battle with these very things that have caused the downfall and abnormal condition, — the pathological condition, — for illness, after all, is largely caused by poverty and ignorance, rather than by vice, for vice, after all, is generally derived from poverty and ignorance.

Now, then, to withstand those oppressing hostile elements in the home, or in the place where the patient may live, is going to call for something more than simply prescription or advice. It is going to call for encouragement, wise, sane sympathy and a hand to help the patient at the point where he cannot help himself. In other words, it is a method of carrying on treatment after the patient leaves the hospital on lines which are consistent with possibilities. Social service is to reinforce the medical service just as the experience of the family practitioner reinforces the diagnosis and treatment of the physician to whom the case comes casually. It is to form a bond of connection between the past and present and future of that patient and the hospital

treatment. This, of course, is of very much greater service and of very much greater value to one in the out-patient department than for the ordinary ward patient, because the need of these very things is greater, and the opportunities of the physicians to make proper observation are very limited. That this need is greater and can be more successfully applied in certain kinds of pathological diseases rather than others is also apparent, and I suppose that in no class of diseases can it be more successfully applied than in mental or nervous diseases.

Miss Edith N. Burleigh, social service department, Massachusetts General Hospital:—My first feeling in attempting to address you with regard to social service work is that you all know as much about it as I do, for you certainly have been practicing it for many years, although not in its present organized form.

When one is sitting at a desk in an out-patient department of a big hospital and receiving a great many different kinds of patients, one feels as if social service was a very complicated thing; but, after all, it is very simple. It is, as Mr. Lefavour has so well put it, just applying a wise, sane, common sense to the study of this patient and his needs; finding out what the community can do for him, and what he can do for himself. Almost always the community can supply his needs. The community does not know it, and the patient does not know it; and perhaps this is one of the most valuable points in social service, — that we undertake to study both the community and the patient, and to bring them together.

I think that perhaps the best way to talk about social service is to plunge into the middle of it and tell you of a case which may interest you, — the case of a woman who had been for four years in one of the State hospitals for the insane. She was not referred to me by a doctor; my knowledge of her came through another social worker in the department who had the hygiene class for children. In visiting the home of these children she learned the story of their mother. The woman was a Russian Jew, and had been about seventeen years in this country. She came here alone, and about two years later married. She was thirty years old when referred to me, and had five children (five girls) ranging from fourteen to five years of age. It was after the birth of the fifth child that her mental trouble began. She

had never been violent, and had never had suicidal tendencies; and so it was decided that the wise course was to let her leave the State hospital on a visit to her sisters, to see if life outside would not be of more benefit to her than life in the hospital. The sisters were not very wise people; they annoyed the patient a good deal; they did not understand her, and were very apt to refer to her mental condition in her presence. The worker who first spoke to me about her asked me if I would admit her to our modeling class, — a class in hand-made pottery, which was organized for a group of nervous women, and which has proved one of our most effective methods of education. I hesitated about doing this, not being sure what the effect would be upon the women in the class; but it was finally decided to admit her. At first her sisters came with her, either one or both, and two or three children: but as that was very disturbing to the class, we told her that her sister might bring her and call for her, but that she could not remain. She began to improve in the class, although she disturbed two or three of the women by stating that she saw faces, and so forth; so one day, when she was not there, the situation was explained to the class as a whole. I told them her story, and said that they could decide whether or not she should remain in the class. After hearing her story, they all became sympathetic, were willing that she should remain in the class; and instead of avoiding her when she came again they were all very friendly. The woman improved immensely; when she first came she made pottery which a child of five or six years could make, but before she left (she was there from the spring of 1909 to the fall of 1910) she had begun to model; and she made really very good pottery. I will read you what the modeling class teacher said about her; it will give you a better idea of her condition: "She had been in the hospital for four years after the birth of her child. When she came out her child had grown to be a big girl; her sister had taken her place in the family; her husband had left home and had gone to New York, sending money back occasionally; the other children had grown away from her. She had apparently no place in the family, — an unhappy situation for her. She would get so angry with her sister that she would stay in bed rather than speak to her; she would get very excited; she would

let her sister make gowns for her and would wear them when finished, but would never let her sister fit them to her. She would do a little housework, — not much. She also had ideas that she had been badly treated in the hospital, although her doctor wrote that this was merely one of the symptoms of her disease. She finally improved so much that she did not complain of the hospital at all. She had an exceptionally good memory; she could remember the names of all in the class, and was interested in their families." We had a series of lectures at the art museum, which she attended and seemed to enjoy very much. She finally joined her family in New York, and is now keeping house for her husband and taking care of her children; and she frequently writes to Miss Burrage, the teacher of the modeling class, about her pleasure in her work.

I think that the chief points in this case were that the family were gradually re-educated to a different point of view about the patient. In the first place, she was encouraged to come alone to the class; and she finally did so, although it was a long way from her home. When she was treated with consideration and confidence by the class, she began to have more confidence in herself, — feeling that she really had a place and was reinstated in society.

Of course, we have very few really insane patients, because these almost always go back to the hospitals instead of coming to us. I have one now who came to the out-patient department of the Massachusetts General Hospital because she had known us before; but she feels that the State hospital is the place where she has a right to go if she breaks down again, and feels also that it is the one thing in life that she has to cling to. She feels that her married sister is unable to understand her or to take care of her, and that we understand her better. I think that this case exemplifies one of the things which social workers have to do, — that is, to break through the outer crust of a personality and get at the real person underneath in a way that the family fails to do.

My branch in the social service department at the Massachusetts General Hospital deals especially with nervous patients. It provides care for the cases of organic disease, for the feeble-minded, and for the cases which the hospital sends to us for

financial investigation. Even among feeble-minded children who are referred to us there is sometimes much that we can do to improve home conditions and to enlist the interest of the school-teacher. We have had, for instance, one colored child, with a bad family history, who has suddenly taken a new start, — has been promoted in school, and is doing extremely well both morally and mentally, so well that we have withdrawn her name from the list of applications to the School for the Feeble-minded.

It is very interesting sometimes to see how these cases turn out. The physician often makes a quick judgment of the patient's social need, and often our investigations show that the need is greater than he had at first seen. I should like to speak of one man who was referred to me not long ago. The doctor who brought him to us said that he was a "bum," probably a case for Tewksbury. I found that the man was really a pretty brave individual. He had been struggling against tremendous handicaps for twenty years to keep himself out of institutions, and I thought that he had a right to be helped. He is between fifty and sixty years of age, and for the last twenty years he has been almost blind. He was a stage carpenter, and in his work he was accidentally struck in the eye; yet through all these years he had managed to retain his position as stage employee and had supported himself. From February to August he had been without work, and practically starving. He was so nearly starved that the doctor could not decide what his physical condition was until he was built up. He refused to apply for money or for aid in the meantime. His strength of will rather overcame my judgment; usually I should refer such a case to an agency caring for the financial condition of such unfortunates, but I decided to help this man out myself. Through another assistant I sent him to the country for two weeks, and supplemented that by another week's board. However, these three weeks did not suffice to build him up sufficiently, and so I presented the case to the hospital. I told the doctors the whole story and asked them if they did not think that the hospital would be justified in taking care of the man in the Convalescent Home until his physical condition could be determined. He was sent out to the Waverley Convalescent Home, and stayed there

three weeks. At the end of that time it was decided that he was suffering from arteriosclerosis. He came to see me just the other day, and our interview was one of the nicest I have ever had. He was very much improved; he had secured work two weeks before at the Tremont Theatre, and was very happy. As he was leaving, with a shaky hand he laid an envelope on my desk, addressed, "Miss Burleigh, with regards." I opened it on the spot. He had put two one-dollar bills into it; and he said with great pride that the money was for my personal use because I had helped him out. He said that he had made up his mind to pay the little debts first, and then the bigger ones; that "he had fixed Murphy, and now he had fixed me."

Nerve cases form a very small proportion of the cases that are handled by the social service department; we have, perhaps, 100 nerve cases a year on an average, the others numbering nearly 1,000. We take few cases because we have to carry them much longer than most of the other cases coming to the social service department, as we have to make a much deeper study of the patient's history and surroundings, and to know his mental reaction to his past as well as to his present environment. It is a long, complicated process. It takes a long time to win a patient's confidence. I have had some patients for four years, and do not know all their history yet. We try to establish relations with patients on such firm grounds that they will feel that they can come to us, after staying away perhaps for months, tell us their story and receive our advice and sympathy.

Here is a case of an extremely nervous woman, who was referred to me in the summer of 1907. Her mother-in-law was a Christian Scientist, and had been trying to persuade her that her difficulties were largely mental. When the patient was told our plan of treatment, she rebelled, and insisted that we were trying Christian Science treatment, and that she had scorned that long ago. After a while, however, she was convinced that her own mental attitude was wrong. She had rather an amusing difficulty in the beginning. She was not feeling perfectly contented with her husband at that period, had a large family, and she was doing all the work herself. She told me that she considered herself insulted because her husband offered to help her in the housework on Sunday; she thought that this offer implied

that her work was not finished. I told her that if he were my husband I should let him help all he wanted to on Sunday. She gave this suggestion serious consideration. Nothing more was said for several weeks; but finally she came back and said, "My husband says that he would like to give you a gold medal. He said the other day, 'We used to have perfectly horrid times Sunday mornings, and now it is really fine. What makes the difference, — what has happened to you?' and then I told him I had a different point of view."

That family has been carried on by us more or less ever since the woman first came to us. She is a member of our modeling class. She has five children. The oldest girl, when we first knew her, was a very ugly girl; she was a very unpleasant sort, sloppy and lackadaisical, with no backbone at all. I made up my mind that she needed hospital care. She came to the outpatient department for a while, and was treated there; then we sent her away for a long vacation. This was two years ago; and now that girl has a good position in one of the department stores, where she is earning \$6 a week; she has developed into a very attractive, sensible girl, and is a great help and comfort to her parents. The oldest boy was a very good sort; in the high school and doing well. The second boy was a problem. He did not do well at school, and could not get on anywhere. Finally I had him examined by a psychologist, who decided that the boy was a genius and needed an art education. The whole family got into trouble again because the father got into serious financial difficulties. But we have been able, through our friendship, to bring that man to tell us his difficulties, and we have put him in touch with some one who can get him out of the hands of loan sharks and set him on his feet.

The aim of social service to the nervous invalid is to find — by a study of his relations to his family, his friends and the community — the point where he can be hitched onto the universe and so made an effective human being.

Dr. E. E. Southard, pathologist to the State Board of Insanity: — The problems of *medicine*, of *hygiene* and of *social service* seem often to present themselves in separate categories. The individual practitioner, earning his living by fees, seems to be at loggerheads with the salaried public health expert. The aims

of both the general practitioner and the hygienist seem to be opposed to the more ethical, or at all events more sentimental, efforts of the philanthropist or, as we now more modestly say, the social worker.

The task of medicine is to make well; that of hygiene, to keep well; and that of social service, to make better. Should hygiene fulfil its ideal purpose of keeping people well, the province of medicine would disappear. Should social service fulfil its ideal purpose there would be no need of preventing, much less curing, disease. The very causes of disease would have been done away with in this Utopia.

A diagrammatic view of the relations of these three fields of endeavor would, on this account, show them in separate categories. The diagram which I conceive (possibly on account of my training as microscopist) shows the three fields in three circles concentrically arranged, medicine in the middle surrounded by hygiene, and hygiene in turn surrounded by social service.

Medicine is my best focus because its data are more concrete and scientifically available as yet than those of the surrounding fields. Again, the theory and practice of prevention of disease, however unsatisfactory they may be (especially the practice), are more concrete, definite and scientifically available than those of social service, whose very technique for the collection of data is as yet faulty. Should the field of view become more nearly perfect, should the field become, as the lens users say, a "flat field," then all these problems would tend to come into focus at once. The prevailing lack of sympathy between the scientific physician, interested in diagnosis and cure of medical conditions, the hygienist, wrestling with individualistic laxity on the part of the public, and with bureaucratic tendencies that spring out in himself, and the social worker, who sees most intimately the human side and the common sense side of these individual problems, but as yet often fails to grasp the more truly social purpose of all our work, — the prevailing lack of sympathy and mutual interest of all these workers would be replaced by greater harmony of thought and action.

In planning the new psychopathic hospital of Boston due attention was given to the needs and aims of social service. In fact, social service was conceived as a most essential branch of

the hospital work, and one of the four major divisions of all its medical and scientific task. These divisions, as you may know, are (1) first care and rapid classification of committed cases of insanity (function of the reception wards, including admitting and acute wards); (2) special and intensive diagnosis and therapy of selected cases (function of the observation wards, which have a number of subdivisions); (3) special laboratory investigation; and (4) out-patient work, including social service.

There can be little question that this fourth or social service unit of the psychopathic hospital's work is one of its most important divisions. The central function of the out-patient department of a psychopathic hospital is without doubt the *after-care work* with discharged cases who come to report on appointed days for encouragement and advice concerning work, diet, and regimen, and for special testing of practical or scientific value. The extent to which this work may be developed no man can say. After-care work with the insane is in this country, save in a very few places, largely in the propaganda stage. It is probable that after-care medical work will have to be combined with high-grade social service work, and that workers may need to be sent into the community in many instances to get the practical data necessary for the adoption of a proper policy.

We shall need to take account both of heredity and of environment, and to bear in mind that diseases of the mental group are due to conspiracies of causes rather than to unitary ones. I have heard much wasted discussion concerning so well-understood a disease as tuberculosis. It seems impossible for some physicians to understand, much less to admit, that tuberculosis might be caused *both* by the tubercle bacillus *and* by hereditary factors, and that both might be necessary. Yet such conspiracies of factors are probably quite dominant in several types of mental disease.

Inspection of both the Galtonian and the Mendelian schemes of heredity shows that the practical investigator must take into account grandparental as well as parental conditions. On the Galtonian plan the patient might get half his factors from his parents and one-quarter from his grandparents. The chances are that a little more care would often secure the grandparental

data, and we could be reasonably satisfied in our routine work with records yielding 75 per cent. of the probable story. On the Mendelian plan, again, we need to consider the data of at least three generations to make up our minds about the segregation of factors. Therefore, without taking sides in the reigning controversy, we could practically aid in solving one of the most central and practical eugenic problems by a simple improvement in our collection of data.

In addition to the *after-care* work we shall find numerous problems suited to an out-patient social service department in the fields of *backward children, juvenile offenders, neurasthenia, sexual neuroses, incipient insanities* and all sorts of *prophylactic work*. By proper systems of recording and analysis of data we shall be able to preserve also the ideal of clinical investigation, viz., the aim of studying the patient in hand for the purpose of *helping also the next patient*.

Dr. John A. Horgan, in charge of out-patient department, Foxborough State Hospital: — Two years ago the trustees of the Foxborough State Hospital approached me with an outline of the work which they wished to have done. They came to me simply because I was attached to charitable organizations and because I was of the same nationality and religious belief as a great many of the inmates of Foxborough. I have been pursuing this work for the last two years, and I do not know how I could better describe the work to you than to let you follow me in my daily routine.

On Monday morning I visit the hospital and spend the day there. I see every new case, and every case that is to be discharged during the week comes before me. If it is a new patient, and I have not seen him in Boston at the time when he applied for admission, I go into the case as carefully as I can in order to get what data I need myself. I talk with the man, advise him, counsel him, and tell him, so far as I can (and this is in keeping with what Dr. Neff and Dr. Carlisle have to say), what his attitude must be in the hospital and what he must look forward to when he leaves the hospital. When he comes to me for discharge I tell him of the difficulties ahead of him. If there is any doubt about his being able to get work we give him twenty-four hours' leave of absence to go to town to look for it

and then ask him to report to me; thus I try to see that the man leaves the hospital with the certainty of definite employment.

Now this associates me with the work of the hospital. The men see me from the beginning; they see me when they are discharged and when I visit them afterwards they associate me with the hospital work. There was a suggestion of calling this "field work," but from my own knowledge of the work, anything that sounds like an officer, an agent or anything that is associated with the confinement or the probationary period is distasteful to the men. They would rather talk with a physician as a physician, and we decided to call it an "out-patient department;" that if a physician were to be prominent in the work he should be prominent as a physician, not as social worker. It is as a physician that he should come in contact or have relations with his patients.

Tuesday afternoon, Wednesday afternoon and Thursday afternoon, from 2 to 4, at 28 Court Square, I receive applicants for admission and examine them to see whether they are desirable or fit candidates for the hospital. We are limited to 150 beds there. Especially at this season the alcoholic, who has been roaming around without much physical discomfort, wants to get under cover.

Fridays, Saturdays and Sundays I devote particularly to visiting out-of-town places, going all over the State. I have no assistance. I try to devote Friday and Saturday going to Springfield, Worcester, New Bedford, Lawrence, Lowell, Haverhill, etc., and on Sunday I do the Boston work and suburbs. I start in early Sunday morning because I can then find the men at home. They are not at work. I very frequently employ evenings in order that I may talk with the men personally.

A man comes and is admitted to the hospital. I then visit his home some time while he is at the hospital. I try to find out what domestic responsibility this man has assumed; if he is a single man, whether he helps to support mother, sister, etc.; whether he is in a lodging house and has had difficulty there; whether he has been obliged to leave home, and can he be reinstated in his home. If a man is separated from his wife, I approach the wife and find out whether it is possible for the

domestic relations to be renewed if he will go on probation for a few months after leaving the hospital, and if she is satisfied from my report, then the family is reorganized, because a man without domestic relations practically is lost under the conditions of society as they are to-day.

Frequently I find it necessary to educate the family in the proper care of the home. In inspecting the home I look out for the hygienic conditions and environment; sometimes I try to have the family move to another neighborhood.

I have been a member of charitable organizations for a number of years, and have become familiar with the conditions that have been brought on by drink and lack of prudence on the part of the poor. These things I do not want to detain you with because you are all familiar with them.

Now for the education of those whose duties bring them in contact with the inebriate. I visited all the judges who have jurisdiction in sending cases to us and have advised them to discontinue the practice of committing cases, and to have the men go to the hospital voluntarily, as they would go to the Massachusetts General or the City Hospital if they were sick and in need of care, which means that they go to Foxborough themselves without any officer or any attendant (unless the man happens to be in a delirious condition) and this practice has been very successful. It is interesting to note that sometimes I have 8 or 10 cases leave my office Tuesday afternoon and all will be at the hospital at 5 o'clock. There is initiative on the patient's part. The first thing he is doing is caring for his own recovery. He is taking the first step, — going of his own accord, taking the train, and going to the hospital without assistance.

Of course there are a few cases that have to be committed. Sometimes it is necessary to put a man under restraint until he clears up mentally, and then we put the proposition to him: "Will you or will you not stay?" After he clears up he is made to choose.

Sometimes we have a doubtful case, and this we keep for three or four days as a guest. I do not actually admit the man. I foresee that there would be difficulty. I either recommend him, if I think he is a good, deserving case (which means that he

will probably go right in), or I refer the case, if doubtful and still I do not think that it should be refused. The man is at his worst, and I cannot get a good, intelligible history from him, so I send him to the hospital to be watched for three or four days.

I have addressed the medical societies in order that physicians should understand our method, and that we may get a more desirable class of patients. When we started this work most of the hospital cases were of a very poor type. They were chronic alcoholics. Sometimes the men went there, as they go to Tewksbury, for a home, and to get out of the cold and wet. Many were hopeless for hospital treatment. They were not really suitable cases for Foxborough. What we would like to get is the younger men; men under thirty-five; men who have not reached the change of life; men whose habits are not so long formed but that in a comparatively short period of time they would be able to recover. That, of course, is hard to do. We would like a better class because we would prefer to see men who have something to go out to, not merely laborers, not simply teamsters and men of that type, but men who are clerks, perhaps some professional men. These men dislike to go up there because they are herded together with 150 men of varied characters, and they are rather particular with whom they associate, although they were not so particular when they were intoxicated. We hope that the new hospital will have a cottage system and we can have some classification, perhaps in cottages for 15 or 20 men, and probably do better work.

I have addressed charitable organizations and social workers in order that they may know there is no great formality about sending cases to Foxborough; that physicians may send cases right up without consulting me at all. The social worker we would advise to send cases to us as physicians because there may be reasons why these cases may not be fit to go to the hospital. If a case is urgent, however, it would be better to send it directly to the hospital and then let us eliminate it there.

Each week I meet Dr. Neff on Monday and I report to him the cases that I have visited during the week. I go over these once a month and make a written report of all those whom I have visited; once a quarter I review the cases, and once a year

I review them again and take statistics of how many of them have been improved or not.

I use three classifications: (1) the man who is abstinent and working. Statistics are, of course, very hard to keep and keep accurately. We have records of men who have been out for a year and been absolutely abstinent and working. You cannot compare men of six months to men of a year. (2) The cases who are drinking some and working. You take a teamster and see if he would be absolutely abstinent and not get off the team on a cold day. We count this man, if he brings home his wages and spends but a very moderate sum in drinking, as "drinking some and working — improved." That is, if before treatment he worked for a week or two and then went on a drunk of a couple of weeks, but now at the end of six months is as good as his temperate neighbor, we call him improved. (3) The man who is drinking and not working.

The first two classes: —

Abstinent and working, .	}	. . .	Improved.
Drinking some and working, .			

The third class: —

Drinking and not working,	Not improved.
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Twenty-two to twenty-five per cent. of the men are really and truly benefited by this work. We sincerely feel that the present work of the out-patient department — the visitation and sympathy that is given them and obtaining employment for them — has actually done what could not have been accomplished in any other way.

We also have addressed the probation officers. It is very essential that these men get the desirable cases to us rather than have them sent to Bridgewater. We have had them come to the hospital and have shown them the work, and the result is they are sending cases to us, and if there is any question about my being in town, then they send the patients right up to the hospital.

A word about expenses. The expenses are averaging about \$60. I started first doing my traveling by trolley and wore

myself out. Then I appealed to Dr. Neff. We thought we could increase expenses a little, and I hired a carriage for the three or four days that I was around in Boston, and with railroad fare and carriage hire when I was out of town, that worked fairly well. I felt, however, that I was entitled to more time to myself. I then bought an automobile and agreed with Dr. Neff to charge the hospital only the price of what the carriage had been, and I have been able to make more visits and make them more frequently, and in critical cases (by critical case I mean when the wife writes me that the husband has been out late and developed other habits) I am able to go immediately. Drink may not be the cause, but it is an associated evil and often becomes the predominant cause later on. I go immediately if I can, or the next day. I try to take the thing in its earliest stages and stop it before it becomes advanced.

In this general way we are following out the work, and we feel that it is absolutely essential to keep a physician at the work rather than to turn it over, which was suggested at one time, and get a social worker. I do not believe that with that class and type of men any one but a physician can successfully talk to them and approach them. We must emphasize the fact that it is a sickness; that they can be helped, and cured perhaps; but that if they continue to drink in spite of our advice and care, then they are vicious and need correctional or penal treatment.

I feel that in this work, at Foxborough, we will have to keep this department strictly medical, or at least the supervision and direction of it.

I make use of the different organizations, and when I find a family is suffering I refer them to the charitable organizations for help, so that the women may not worry while the men are in the hospital, and try to see that the conditions at home are such that the patient will not need to leave the hospital until sufficient time has elapsed, or until at least some permanent good has been wrought in his condition.

Mr. Lyman: — Are you on the pay roll of the hospital?

Dr. Horgan: — Yes.

Dr. John A. Houston, superintendent, Northampton State Hospital: — I am much pleased, and not a little surprised, to know that so much has been done by the institutions working

independently of each other, and I would like to suggest that it might be to the benefit of the public if a fairly full report of what has been said could be given to the daily press.

The subject for discussion is a timely one and one in which I have been much interested. In my report to the trustees of the Northampton State Hospital last year I wrote as follows: —

Inasmuch as many of our patients leave the hospital for a trial visit at home before they have fully recovered, our sense of responsibility does not end with their departure from the hospital. They are encouraged to write us freely for advice whenever they feel need of it, or to visit us at the hospital; and they are requested to send a written report of their condition before they are finally discharged.

It is so obviously the duty of the hospital to help its patients to keep well after their discharge that it would seem appropriate and advisable, as a measure of prevention, for one of the hospital physicians to see, in consultation with the family physician, at no expense to the patient, not only cases that are likely to be committed to the hospital, but any case where the question of hospital treatment is being considered. This would entail added expense to the hospital, and would probably require an additional member of the hospital staff; but the good to the community and the final saving to the State might more than offset the expense incurred. We have done a little along this line for years, having seen and advised, without charge, any patient, or his friends or physician, who have been willing to come to the hospital for that purpose. Sometimes a course of treatment can be advised that will enable a patient to be cared for at home, who would otherwise have to be committed to the hospital. On the other hand, it is occasionally possible to persuade a patient to accept earlier treatment with prospect of speedier recovery than if commitment had been delayed.

We have, fortunately, been able to engage a physician, Dr. Harriet M. Whitney, exceptionally well fitted for such service. She had served with us as assistant physician for nearly twelve years, resigning early in October of this year. In addition to her routine hospital work she had for several years visited the patients who were boarded out by us in private families. Her experience had thus been varied, and she has proven well qualified to take up the new line of work.

Inasmuch as we have only made a beginning, I can only outline what we hope to do, but doubtless new ways will be found in which such a service will be useful.

Briefly, her line of work is to visit regularly the boarded-out

patients, and to find new boarding places in the hope of placing a much larger number in families away from the hospital than has been possible in the past. She will visit families of patients who are nearly well enough to be classed as recovered, to learn whether we can advise their discharge without waiting for complete recovery; and similarly, when friends and relatives ask to take home patients who are not well enough to go unless home conditions are quite favorable, she can learn whether home conditions do favor their discharge. She will visit patients who are away from the hospital on trial visit, to learn whether final discharge is advisable, or whether the patients had better return to the hospital for a further period of observation.

We are frequently requested to see patients who are possibly in need of hospital treatment. Advice can often be given that will be of benefit to both the patient and the State.

Dr. H. W. Mitchell, superintendent of Danvers State Hospital (read by Dr. Fuller): — Through the co-operation of Dr. Charles B. Davenport of the eugenics records office, Cold Spring Harbor, N. Y., we have been able to secure the services, at no expense to this hospital for a six months' period, of one of the field workers trained at that office. It was stipulated in the agreement that this field worker should spend one-half of her time in the investigation of family histories. Under this arrangement both the hospital and the eugenics office will be benefited by the result of her work.

It is our purpose to develop through this field worker, so far as it is possible, a certain grade of social service which can be easily carried along with the strictly medical work. We are trying to encourage in this field worker an interest in the individual cases and to give her actual contact with patients in some ward work and at staff meetings, where the facts concerning the home conditions and character of the disease of the patients are under consideration, and to interest her in studying home conditions and to report her findings to the hospital medical staff.

Through these channels we shall endeavor to establish reciprocal relations with the hospital and friends of patients, and to furnish the family with such advice as can be thus given, and endeavor to demonstrate to the relatives that there is an actual interest in the person committed to this hospital and a desire to

promote this person's welfare, whether in or outside the hospital walls.

At first the field worker met with some reserve on the part of the patients' friends, some of whom questioned her right to interrogate them, and others refused to give information requested. Following a few such occasions, a carefully worded letter was prepared, which has thus far admirably served as a letter of introduction and has seemed sufficient to demonstrate to the relatives satisfactorily that the investigation was legitimate and proper.

It is too early to estimate the value of this work either to the hospital or to the patients, but I have in this communication outlined our policy, from which we hope results will be obtained justifying the efforts.

Dr. Edward W. Taylor, member, State Board of Insanity: — I am glad to say a word in connection with the social work with which I have come in contact at the Massachusetts General Hospital. It need hardly be said that Miss Burleigh and the department she represents are of great value to us in our work in the neurological out-patient department of that hospital. With the growth of this work, a situation has, however, developed which is worthy of attention and comment. Of late, the custom has grown on the part of charitable organizations to send doubtful cases to the Massachusetts General Hospital for the determination of their mental status. The members of the neurological department are therefore being called upon to give opinions as to whether or not certain patients, presumably in the feeble-minded class, are fit subjects for custodial care. The difficulty of this task is evident. In the first place, the patients, most of whom belong to the so-called class of delinquent girls, appear perfectly normal under superficial examination. Inasmuch as it is impossible with the time at our disposal, and the conditions under which the clinic is conducted, to make more than superficial examination, opinions must be based rather on the statements of others than on personal conviction. This naturally does not conduce to satisfactory work. It has for a long time seemed to me that a possible remedy for this condition of affairs would be the appointment at the hospital, possibly, if it could be arranged with the trustees, of a paid worker, who through

training and inclination had particular knowledge of this type of case and of the wide problems it involved. Such a person, or persons, would naturally be able to study the cases with greater care, and would eventually give an opinion which would be of real value as an expression of personal conviction. One of the definite contributions of the social service department has been that it has brought this matter to a focus, and that some more systematic arrangement for examination may in consequence be forthcoming. It is to be hoped that the new psychopathic hospital may take over in great measure this problem, with others of vital social interest and importance. If such persons as those to whom I refer could be sent to that hospital for adequate observation and temporary detention, it is evident that a juster opinion of their condition could be obtained than is possible through even a series of brief visits at an out-patient department.

In regard to Dr. Southard's excellent statement of the relation of various departments of human activity, and particularly in regard to his remarks on the practical handling of the heredity question, I can only say that all of these matters demand immediate and intensive study; and particularly is this true of the question of heredity. From a practical standpoint I find that one of the greatest bugbears in our actual treatment of patients is the extraordinary attitude people have regarding the significance of heredity. The public as soon as possible should be educated in this matter.

In general, I should very much hope that under his supervision certain statements, tentative though they may be, should be given rather wide circulation as to what may be regarded as heritable and what not, in the hope that the fear and anxiety, which to my mind constitutes so important an element in the development of the neuroses, may be met fairly and squarely. Doubtless it is important to recognize the heredity influences, but I am more and more convinced that in many of the ordinary and distressing disorders we meet, the attitude of mind of the patient toward these obscure and to them portentous possibilities is prolific of disturbances often of a serious sort. I look forward with great hope to the work we may do in this respect in the new psychopathic hospital.

Dr. Walter E. Fernald, superintendent of Massachusetts

School for the Feeble-minded: — I am so hoarse that I am sure you will excuse me if I make my remarks very brief. I am thoroughly in accord with the opinions expressed and with the methods of the various institutions. At the school I may say that I am rather confused as to the distinction between the out-patient service and the social service. As Miss Burleigh very aptly said, it is pretty hard to separate the two at times. I was impressed by Dr. Houston's remarks. I have always felt that our patients never needed the knowledge and resources of our hospitals and institutions more than they do the day after they are discharged. We have surrounded them with every safeguard, all sorts of moral, physical and mental backing, and we turn them out into their old environment with no help and at a time when they most need advice, counsel and assistance.

It seemed to me, with the feeble-minded, that perhaps the next thing for us to do was to perfect an organization which should keep in touch, better than we are now doing, with our discharged patients. We should have suitably trained and equipped officers who should visit them, visit their friends, advise with them and keep track of them. I am quite sure that would add not only to the comfort of those patients, but in many other ways would be a valuable thing.

As an institution man, I am also impressed with the need of social service without our institutions. We have 165 female employees, all young women, most of them out in the world for the first time, and within the last year or so I have realized that we have obligations to these people which we are not living up to. In my institution, for instance, there should be one or more high-class women whose sole work should be to keep track of these women, — not to interfere with their affairs, which, of course, would be futile, — but to keep in touch with and to guide and influence them. They are very often absolutely innocent of the pitfalls which surround them and the things which may happen to them. It seems to me much might be done in the way of adding to the happiness and usefulness of these splendid people by having within our institution a high-class expression of this social service work.

Mr. William F. Whittemore, member, State Board of Insanity: — I am disposed to underline a single remark of Dr. Fer-nald's, when he said that the line between the out-patient de-

partment and social service work was not very clearly defined in his own mind. I think he intended us to realize what is very clearly in his mind, and in the minds of those who are developing this work, that there is practically no distinction. Dr. Southard has told us that it seems to him that that particular sort of work which is to be done in the State psychopathic hospital here in Boston could better be called social service than out-patient work, and I hope the idea, so far as a nomenclature is concerned, will disappear from the State institutions. Out-patient department work is not what you are doing, as you have described it, and certainly is not the ideal which you are working towards. I heard a man say last night that an ideal is not something to be attained, but something to seek after. Probably the ideal department is not to exist for a long time, but I think we might have in view an ideal and approach towards it, and if I understand what is hoped to be done at the State psychopathic hospital, it is to develop a department which shall be so helpful, so neighborly, so attractive that those who need advice or help along any of these lines will naturally go there for it. If all of our institutions shall come to have such a department it will cease to be certainly an out-patient department, but it will be a department for service, — neighborly service, helpful service, social service, if you will, — which is better than out-patient service; and perhaps a better name than that, a wider, broader, more neighborly name, will grow out of the actual work which will be done.

Dr. Charles E. Thompson, executive officer, State Board of Insanity: — Let us for a moment look at this subject from a purely practical standpoint as regards the cost. Numerous inquiries have been made as to how the expenses of the boarding-out system can be met by the hospitals. It seems to me that at first the boarding-out, or, better called, "family care," system can be carried on *with* the social service work better than in any other way. The need of a family care system is seen in the accumulation of the insane in our institutions. The average annual increase of new cases in Massachusetts is 55, while the average annual increase in accumulation is 295, which is five times as many as new cases occurring. This is, in a measure, due to a decreasing discharge rate.

The law was changed in 1905 so that the institutions may now board out patients at a cost not to exceed for board \$3.25 per week. In 1910 the State Board boarded out 316 different patients at a per capita cost of \$3.10 per week, including maintenance, medical supervision, etc. During that same year the average per capita maintenance cost of our hospitals was \$4.48, asylums, \$3.88, — an average for hospitals and asylums of \$4.27 per week, against the family care service of the State Board of \$3.10 per week. The per capita cost of maintenance to the hospitals and asylums being \$4.27 per week, and the present rate allowed for boarding out, \$3.25, there would be a saving of \$1.02 for each patient per week, or \$53 per year. It is safe to estimate that each hospital could board out in family care 50 patients, which, for the 13 institutions, would mean a saving of \$2,652 at each institution, or for the 13, \$34,476 per year.

Assuming that you had to pay \$3.25 for board per capita, without supervision, and allowing \$2,000 for such supervision at each institution, there would still be a saving in the year of \$8,476, so that there seems to be no reason why the hospitals should not undertake it. It would give active supervision to these cases and allow social service work to be carried on at the same time by the same field workers. In addition, there would be a saving in the cost of construction for 650 patients at an average cost of about \$576, — a total saving of \$374,400 in construction, the interest on which, at $3\frac{1}{2}$ per cent., is \$13,000 per year.

Dr. Herbert B. Howard, chairman of State Board of Insanity: — We have made rather an unusual effort at this conference to bring out what work is being done because it is new. We have not fully realized how much work had been done in our institutions up to this time. It is a delightful surprise to me to find out how much we have done. I realize that there are other things than those seen when one visits an institution once in six or eight months. At the time of visit the Board does not take in all the institution is doing. Time may be limited and you have to omit some part of it, and if you do omit part of it then you realize that a year goes around before that particular part has been considered. It is a delightful surprise to me to see how much of this work has been going on in our institutions.

FINANCIAL STATISTICS.

TABLE 1. — *Balance Sheet.*

Inventory, Nov. 30, 1910,	\$13,961,548 84	Inventory, Nov. 30, 1911,	\$14,852,007 96
Unexpended balance of special appropriations,	1,179,505 75	Unexpended balance of special appropriations,	824,970 64
Accounts receivable,	62,738 25	Unexpended balance of maintenance appropriation reverting to State treasury,	14,886 08
Private funds,	67,550 67	Accounts receivable,	56,254 19
Total resources,	\$15,271,343 51	Private funds,	67,712 59
Net addition to quantity of property,	886,882 98	Total resources,	\$15,815,831 46
Maintenance appropriations granted,	2,961,366 77	Net depreciation in value of property,	2,746 00
Special appropriations granted,	483,725 00	Expenditures from maintenance appropriations,	2,946,480 69
Receipts from all sources except State Treasurer,	405,112 05	Expenditures from special appropriations,	788,085 17
Aggregate,	\$20,008,430 31	Unexpended balances of special appropriations re- verting to State treasury,	50,174 94
		Money remitted to State treasury from receipts,	405,112 05
		Aggregate,	\$20,008,430 31

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1911.*

INSTITUTIONS.	RESOURCES NOV. 30, 1910.				
	Inventory.	Unexpended Balance of Special Appropriations.	Accounts Receivable.	Private Funds.	Total Resources.
The insane: —					
State hospitals: —					
Worcester,	\$2,129,084 75	—	\$10,624 05	\$8,591 84	\$2,148,300 64
Taunton,	844,633 58	\$68,214 46	9,195 56	—	922,043 60
Northampton,	908,906 65	86 84	12,284 69	677 61	921,955 79
Danvers,	1,822,662 03	3,433 80	8,791 34	—	1,834,887 17
Westborough,	1,011,409 95	46,073 59	4,673 33	—	1,062,156 87
Boston,	1,238,385 28	842,475 35	4,659 29	—	2,085,519 92
Totals,	\$7,955,082 24	\$960,284 04	\$50,228 26	\$9,269 45	\$8,974,863 99
State asylums: —					
Worcester,	\$1,162,119 75	\$49,684 65	—	—	\$1,211,804 40
Medfield,	1,717,191 99	33,996 73	—	—	1,751,188 72
Gardner Colony,	603,700 82	3,068 85	—	—	606,769 67
Totals,	\$3,483,012 56	\$86,750 23	—	—	\$3,569,762 79
Totals, hospitals and asylums,	\$11,438,094 80	\$1,047,034 27	\$50,228 26	\$9,269 45	\$12,544,626 78
Miscellaneous: —					
Monson Hospital,	\$825,393 96	\$14,001 75	\$285 78	\$408 97	\$840,090 46
Foxborough Hospital,	417,336 50	50,581 87	2,419 48	—	470,337 85
School for Feeble-minded at Waltham,	974,835 32	—	9,804 73	57,872 25	1,042,512 30
Wrentham School,	305,888 26	67,887 86	—	—	373,776 12
Totals,	\$2,523,454 04	\$132,471 48	\$12,509 99	\$58,281 22	\$2,726,716 73
Totals, hospitals, asylums and miscellaneous,	\$13,961,548 84	\$1,179,505 75	\$62,738 25	\$67,550 67	\$15,271,343 51

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1911* — Continued.

INSTITUTIONS.	NET INCREASE IN RESOURCES DURING YEAR.		APPROPRIATIONS.		Receipts from All Sources except State Treasurer.	Aggregate.
	Net Addition to Quantity.	Net Appreciation in Value.	Maintenance.	Special.		
The insane: —						
State hospitals: —						
Worcester,	—	—	\$303,000 00	\$12,100 00	\$68,598 59	\$2,531,999 23
Taunton,	\$53,547 88	—	236,500 00	—	39,877 41	1,252,068 89
Northampton,	1,964 47	\$1,708 06	180,000 00	46,925 00	51,245 96	1,203,799 28
Danvers,	18,313 28	208 32	365,242 77 ¹	—	63,190 32	2,281,931 86
Westborough,	79,264 71	—	289,128 71 ²	18,900 00	83,863 68	1,533,313 97
Boston,	613,442 37	—	223,600 00	250,000 00	28,641 20	3,201,203 49
Totals,	\$766,532 71	\$2,006 38	\$1,597,571 48	\$327,925 00	\$335,417 16	\$12,004,316 72
State asylums: —						
Worcester,	\$42,851 97	—	\$259,334 40	\$88,400 00	\$9,686 67	\$1,612,677 44
Medford,	5,129 39	\$29,471 35	338,740 00	—	12,550 80	2,137,080 26
Gardner Colony,	16,052 04	—	128,000 00	21,400 00	2,681 46	774,903 17
Totals,	\$64,033 40	\$29,471 35	\$726,674 40	\$109,800 00	\$24,918 93	\$4,524,660 87
Totals, hospitals and asylums,	\$830,566 11	\$31,477 73	\$2,324,245 88	\$437,725 00	\$360,336 09	\$16,528,977 59
Miscellaneous: —						
Monson Hospital,	\$19,716 35	—	\$189,200 00	\$18,000 00	\$12,799 66	\$1,079,806 47
Poxborough Hospital,	5,128 35	—	99,300 00	—	6,658 98	\$81,425 18
School for Feeble-minded at Waltham,	14,889 59	—	279,820 89	15,000 00	24,646 86	1,376,869 64
Wrentham School,	18,487 42	\$42,748 58	68,800 00	13,000 00	670 46	517,482 58
Totals,	\$58,221 71	\$42,748 58	\$637,120 89	\$46,000 00	\$44,775 96	\$3,555,583 87
Totals, hospitals, asylums and miscellaneous,	\$888,787 82	\$74,226 31	\$2,961,366 77	\$483,725 00	\$405,112 05	\$20,084,561 46

² Includes \$128.71 from appropriation for extraordinary expenses.¹ Includes a deficiency appropriation of \$6,542.77.

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1911* — Continued.

		RESOURCES, Nov. 30, 1911.					
INSTITUTIONS.		Inventory.	Unexpended Balance of Special Appropria- tion.	Unexpended Balance of Maintenance Appropriation reverting to State Treasury.	Accounts Receivable.	Private Funds.	Total Resources.
The insane: —							
State hospitals: —							
Worcester,		\$2,126,778 56	\$12,100 00	\$67 06	\$10,303 37	\$8,768 37	\$2,138,017 36
Taunton,		876,199 62	26,931 49	1 02	9,486 92	—	911,619 05
Northampton,		313,181 30	41,209 07	908 16	11,656 94	703 24	967,638 71
Danvers,		1,842,143 32	—	—	7,921 65	—	1,850,064 97
Westborough,		1,088,263 83	16,379 49	—	4,600 00	—	1,109,243 32
Boston,		1,314,550 03	552,524 29	18 08	6,057 91	—	2,373,156 31
Totals,		\$8,660,116 66	\$649,144 34	\$994 32	\$50,026 79	\$9,471 61	\$9,369,753 72
State asylums: —							
Worcester,		\$1,202,350 92	\$99,669 95	\$1,444 05	—	—	\$1,303,464 92
Medfield,		1,751,792 73	4,388 19	31 66	—	—	1,756,212 58
Gardner Colony,		610,752 86	18,769 01	1,769 65	—	—	640,291 52
Totals,		\$3,573,896 51	\$122,827 15	\$3,245 36	—	—	\$3,699,969 02
Totals, hospitals and asylums,		\$12,234,013 17	\$771,971 49	\$4,239 68	\$50,026 79	\$9,471 61	\$13,069,722 74
Miscellaneous: —							
Monson Hospital,		\$833,674 32	\$15,710 13	\$3 84	\$433 09	\$368 73	\$850,190 11
Foxborough Hospital,		421,460 17	581 87	26 50	3,424 16	—	425,492 70
School for Feeble-minded at Waltham,		995,736 04	15,000 00	3,788 76	2,370 15	57,872 25	1,074,767 20
Wrentham School,		367,124 26	21,707 15	6,827 30	—	—	395,658 71
Totals,		\$2,617,994 79	\$52,999 15	\$10,646 40	\$6,227 40	\$58,240 98	\$2,746,108 72
Totals, hospitals, asylums and miscellaneous,		\$14,852,007 96	\$824,970 64	\$14,886 08	\$56,254 19	\$67,712 59	\$15,815,831 46

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1911* — Concluded.

INSTITUTIONS.	NET DECREASE IN RE-SOURCES DURING YEAR.		EXPENDITURES.		Unexpended Balances of Special Appropria-tions reverting to State Treasury.	Money remitted to State Treasury from Receipts.	Aggregate.
	Net Decrease in Quantity.	Net Deprecia-tion in Value.	Maintenance Ap-propria-tions.	Special Appropria-tions.			
The insane: —							
State hospitals: —							
Worcester,	\$1,904 84	\$545 50	\$309,932 94	—	—	\$68,598 59	\$2,531,999 23
Taunton,	—	22,690 48	236,598 98	\$41,282 97	—	39,877 41	1,252,068 89
Northampton,	—	—	179,091 84	5,705 93	\$6 84	51,245 96	1,203,799 28
Danvers,	—	—	365,242 77	3,433 80	—	63,190 32	2,281,931 86
Westborough,	—	2,484 16	289,128 71	48,592 41	1 69	83,863 68	1,533,313 97
Boston,	—	35,879 00	223,581 92	539,951 06	—	28,641 20	3,201,203 49
Totals,	\$1,904 84	\$61,599 14	\$1,596,577 16	\$639,056 17	\$8 53	\$335,417 16	\$12,004,316 72
State asylums: —							
Worcester,	—	\$2,620 80	\$258,490 35	\$38,412 14	\$2 56	\$9,686 67	\$1,612,677 44
Medfield,	—	—	338,708 34	29,471 35	137 19	12,550 80	2,137,080 26
Gardner Colony,	—	—	126,230 35	5,691 21	8 63	2,681 46	774,903 17
Totals,	—	\$2,620 80	\$723,429 04	\$73,574 70	\$148 38	\$24,918 93	\$4,524,660 87
Totals, hospitals and asylums,	\$1,904 84	\$64,219 94	\$2,320,006 20	\$712,630 87	\$156 91	\$360,336 09	\$16,528,977 59
Miscellaneous: —							
Monson Hospital,	—	\$11,328 92	\$189,196 16	\$16,291 62	—	\$12,799 66	\$1,079,806 47
Foxborough Hospital,	—	—	99,273 50	—	\$50,000 00 ¹	6,658 98	581,425 18
School for Feeble-minded at Waltham,	—	1,423 45	270,032 13	—	—	24,646 86	1,376,869 64
Wrentham School,	—	—	61,972 68	59,162 68	18 03	670 46	517,482 58
Totals,	—	\$12,752 37	\$626,474 49	\$75,454 30	\$50,018 03	\$44,775 96	\$3,555,583 87
Totals, hospitals, asylums and miscellaneous,	\$1,904 84	\$76,972 31	\$2,946,480 69	\$788,085 17	\$50,174 94	\$405,112 05	\$20,084,561 46

¹ Transferred to appropriation for new dipsomaniac hospital.

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911.*

INSTITUTIONS.	REAL ESTATE.							
	LAND.							
	WOODLAND.		MOWING.		TILLAGE.			
	Acres.	Value.	Acres.	Value.	Acres.	Value.	Acres.	Value.
The insane: —								
State hospitals: —								
Worcester,	137	\$247,440 00	134	\$5,960 00	—	—	175	\$157,500 00
Taunton,	20	5,000 00	50	10,000 00	145	\$21,750 00	55	8,250 00
Northampton,	23	4,861 20	93	19,655 55	110	23,248 50	100	21,133 00
Danvers,	26	30,000 00	40	1,600 00	176	26,000 00	77	11,200 00
Westborough,	68	13,600 00	162	8,050 00	36	540 00	247	23,450 00
Boston,	12	109,519 00	5	2,200 00	115	211,700 00	50	89,000 00
Totals,	286	\$410,420 20	474	\$47,465 55	582	\$283,238 50	704	\$310,535 00
State asylums: —								
Worcester,	11	\$193,800 00	358	\$8,950 00	191	\$7,641 60	130	\$5,200 00
Medfield,	75	40,000 00	233	2,876 39	60	1,458 00	57	1,385 00
Gardner Colony,	27	932 58	708	16,272 73	35	621 25	98	1,715 00
Totals,	113	\$234,732 58	1,299	\$28,099 12	286	\$9,720 85	285	\$8,300 00
Totals, hospitals and asylums,	399	\$645,152 78	1,773	\$75,564 67	868	\$292,959 35	989	\$318,835 00
Miscellaneous: —								
Monson Hospital,	50	\$4,875 00	298	\$5,988 00	90	\$8,655 00	66	\$6,600 00
Foxborough,	21	6,220 00	20	4,100 00	3	700 00	38	7,750 00
School for Feeble-minded at Waltham,	54	16,953 00	1,366	27,503 00	306	25,806 00	—	—
Wrentham School,	15	3,000 00	230	13,800 00	35	3,500 00	23	1,500 00
Totals,	140	\$31,048 00	1,914	\$51,391 00	434	\$38,661 00	127	\$15,850 00
Totals, hospitals, asylums and miscellaneous,	539	\$676,200 78	3,687	\$126,955 67	1,302	\$331,620 35	1,116	\$334,685 00
Mental wards, State Infirmary,	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—	—	—
Totals,	—	—	—	—	—	—	—	—
Aggregates,	539	\$676,200 78	3,687	\$126,955 67	1,302	\$331,620 35	1,116	\$334,685 00

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911 — Continued.*

INSTITUTIONS.	REAL ESTATE — CON.					
	LAND — CON.					
	PASTURE.		MISCELLANEOUS.		TOTAL.	
	Acres.	Value.	Acres.	Value.	Acres.	Value.
The insane: —						
State hospitals: —						
Worcester,	64	\$2,580 00	—	—	510	\$413,480 00
Taunton,	63	7,875 00	—	—	333	52,875 00
Norhampton,	185	39,099 75	—	—	511	108,000 00
Danvers,	190	4,800 00	—	—	509	73,600 00
Westborough,	178	5,340 00	27	\$470 00	708	51,450 00
Boston,	17	5,320 00	35	11,390 00	234	429,129 00
Totals,	697	\$65,014 75	62	\$11,860 00	2,805	\$1,128,534 00
State asylums: —						
Worcester,	214	\$4,718 34	—	—	904	\$220,309 94
Medfield,	16	400 00	—	—	441	46,119 39
Gardner Colony,	540	6,510 44	200	\$1,148 00	1,608	27,200 00
Totals,	770	\$11,628 78	200	\$1,148 00	2,953	\$203,629 33
Totals, hospitals and asylums,	1,467	\$76,643 53	262	\$13,008 00	5,758	\$1,422,163 33
Miscellaneous: —						
Monson Hospital,	173	\$5,409 00	10	\$450 00	687	\$31,977 00
Foxborough Hospital,	21	3,260 00	—	—	103	22,030 00
School for Feeble-minded at Waltham,	184	2,510 00	—	—	1,910	72,772 00
Wrentham School,	200	10,000 00	—	—	503	31,800 00
Totals,	578	\$21,179 00	10	\$450 00	3,203	\$158,579 00
Totals, hospitals, asylums and miscellaneous,	2,045	\$97,822 53	272	\$13,458 00	8,961	\$1,580,742 33
Mental wards, State Infirmary,	—	—	—	—	—	\$20,509 86
Bridgewater Hospital,	—	—	—	—	—	19,117 31
Totals,	—	—	—	—	—	\$39,627 17
Aggregates,	2,045	\$97,822 53	272	\$13,458 00	8,961	\$1,620,369 50

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911 — Continued.*

INSTITUTIONS.	REAL ESTATE — Con.				
	BUILDINGS.				
	Patients.	Nurses.	Farm, Stable and Grounds.	Miscellaneous.	Total.
The insane: —					
State hospitals: —					
Worcester,	\$1,086,043 64	\$84,548 00	\$69,347 28	\$500 00	\$1,240,438 92
Taunton,	355,520 00	69,040 00	49,990 00	79,040 00	553,590 00
Northampton,	462,564 00	—	29,850 00	31,189 00	523,603 00
Denver,	1,425,800 00	13,250 00	37,250 00	65,700 00	1,542,000 00
Westborough,	504,225 00	43,175 00	18,185 00	49,191 00	614,776 00
Boston,	994,865 47	15,206 25	12,645 00	86,056 36	1,108,803 08
Totals,	\$4,829,048 11	\$225,219 25	\$217,267 28	\$311,676 36	\$5,583,211 00
State asylums: —					
Worcester,	\$587,073 00	\$15,975 00	\$14,630 00	\$61,765 00	\$679,443 00
Medfield,	653,303 97	106,978 00	63,087 00	546,885 74	1,370,254 71
Gardner Colony,	214,417 73	11,281 05	33,726 44	57,968 27	317,393 49
Totals, hospitals and asylums,	\$1,454,794 70	\$134,234 05	\$111,443 44	\$666,619 01	\$2,367,091 20
Miscellaneous: —					
Monson Hospital,	\$313,952 16	\$15,933 75	\$98,987 91	\$74,547 75	\$433,421 57
Foxborough Hospital,	112,500 00	20,230 00	7,849 00	78,666 00	219,245 00
School for Feeble-minded at Waltham,	390,033 18	51,000 00	21,133 50	105,589 85	567,756 53
Wrentham School,	84,879 05	15,065 92	19,100 00	43,914 00	162,958 97
Totals,	\$901,364 39	\$102,249 67	\$77,070 41	\$302,717 60	\$1,383,402 07
Totals, hospitals, asylums and miscellaneous,	\$7,185,207 20	\$461,702 97	\$405,781 13	\$1,281,012 97	\$9,333,704 27
Mental wards, State Infirmary,	—	—	—	—	\$392,971 06
Bridgewater Hospital,	—	—	—	—	333,238 87
Totals,	—	—	—	—	\$726,209 93
Aggregates,	\$7,185,207 20	\$461,702 97	\$405,781 13	\$1,281,012 97	\$10,059,914 20

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911* — Continued.

INSTITUTIONS.	REAL ESTATE — CON.					Aggregate.
	BETTERMENTS.					
	Water System and Ap- purtenances.	Drainage System and Ap- purtenances.	Heating, Lighting System and Appurtenances.	Miscellaneous.	Total.	
The insane:—						
State hospitals: —						
Worcester,	\$99,862 86	—	\$126,423 32	\$28,589 31	\$254,875 49	\$1,908,794 41
Taunton,	7,905 82	\$9,768 39	48,506 60	99,132 67	165,313 48	771,778 48
Northampton,	—	—	21,138 37	163,705 00	184,843 37	816,446 37
Danvers,	14,400 00	—	69,851 33	5,609 49	89,860 82	1,705,460 82
Westborough,	60,000 00	34,000 00	—	194,300 00	288,300 00	954,526 00
Boston,	—	—	22,869 00	160,132 50	183,001 50	1,720,933 58
Totals,	\$182,168 68	\$43,768 39	\$288,788 62	\$651,468 97	\$1,166,194 66	\$7,877,939 66
State asylums: —						
Worcester,	\$25,700 00	\$14,100 00	\$16,150 00	\$114,209 00	\$170,159 00	\$1,069,911 94
Medfield,	—	—	—	161,064 24	161,064 24	1,577,438 34
Gardner Colony,	35,310 51	20,539 54	28,414 50	84,789 53	169,064 08	513,647 57
Totals, hospitals and asylums,	\$61,010 51	\$34,639 54	\$44,564 50	\$360,062 77	\$500,277 32	\$3,160,997 85
Totals, hospitals and asylums,	\$243,179 19	\$78,407 93	\$333,353 12	\$1,011,531 74	\$1,666,471 98	\$11,038,937 51
Miscellaneous: —						
Monson Hospital,	\$25,500 00	\$26,021 73	\$45,225 70	\$142,223 84	\$238,971 27	\$704,369 84
Foxborough Hospital,	12,346 00	7,589 25	14,261 98	91,007 00	125,204 23	366,499 23
School for Feeble-minded at Waltham,	—	—	182,207 54	22,899 94	205,107 48	845,636 01
Wrentham School,	20,343 93	7,037 61	23,506 96	79,289 17	130,177 67	324,936 64
Totals,	\$58,189 93	\$40,648 59	\$265,202 18	\$335,419 95	\$699,460 65	\$2,241,441 72
Totals, hospitals, asylums and miscellaneous,	\$301,369 12	\$119,056 52	\$598,555 30	\$1,346,951 69	\$2,365,932 63	\$13,280,379 23
Mental wards, State Infirmary,	—	—	—	—	—	\$413,480 92
Bridgewater Hospital,	—	—	—	—	—	352,356 18
Totals,	\$301,369 12	\$119,056 52	\$598,555 30	\$1,346,951 69	\$2,365,932 63	\$765,837 10
Aggregates,						\$14,046,216 33

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY.				FURNISHINGS.			
	PROVISIONS AND GROCERIES.		CLOTHING AND CLOTHING MATERIAL.		Amount.		Increase.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —								
State hospitals: —								
Worcester,	\$4,659 32	\$8,456 16 ¹	\$17,160 87	\$1,319 42 ¹	\$111,624 24	\$2,426 37 ¹		
Taunton,	4,108 08	1,205 17	10,490 03	3,219 91	46,009 79	25,539 23 ¹		
Northampton,	10,368 58	1,077 64	3,957 65	520 39	38,290 64	1,708 06		
Danvers,	7,292 78	157 62	11,954 19	4,274 50	47,230 00	898 06		
Westborough,	10,839 16	5,562 81	9,907 09	6,773 80	62,860 19	4,015 51 ¹		
Boston,	3,831 66	560 00 ¹	8,316 14	1,895 69 ¹	50,889 29	3,375 24		
Totals,	\$40,599 58	\$1,012 93 ¹	\$62,285 97	\$11,573 49	\$356,904 15	\$26,059 75 ¹		
State asylums: —								
Worcester,	\$3,262 44	\$3,760 03 ¹	\$17,568 07	\$3,786 12	\$55,691 61	\$3,750 28		
Medfield,	8,060 45	1,992 64	18,546 50	686 76	51,631 03	275 00		
Gardner Colony,	2,351 26	523 42 ¹	14,946 88	734 83	36,381 19	2,945 46		
Totals,	\$14,574 15	\$2,290 81 ¹	\$51,061 45	\$5,207 71	\$143,753 83	\$6,970 74		
Totals, hospitals and asylums,	\$55,173 73	\$3,303 79 ¹	\$113,347 42	\$16,781 20	\$500,657 98	\$19,089 01 ¹		
Miscellaneous: —								
Monson Hospital,	\$1,802 16	\$719 89 ¹	\$5,408 04	\$966 61	\$70,548 38	\$7,307 12 ¹		
Foxborough Hospital,	2,144 84	1,213 10 ¹	2,344 67	504 59	21,893 13	3,468 88 ¹		
School for Feeble-minded at Waltham,	3,852 14	507 90	21,425 32	16,841 99	61,845 72	1,143 19 ¹		
Wrentham School,	1,131 10	718 21	4,858 24	3,295 56	19,471 30	4,675 85		
Totals,	\$8,930 24	\$706 88 ¹	\$34,036 27	\$21,608 75	\$173,758 53	\$7,243 34 ¹		
Totals, hospitals, asylums and miscellaneous,	\$64,103 97	\$4,010 67 ¹	\$147,383 69	\$38,389 95	\$674,416 51	\$26,332 35 ¹		
Mental wards, State Infirmary,	\$2,231 91	\$99 23	\$5,931 67	\$231 27	\$39,871 44	\$13,024 93 ¹		
Bridgewater Hospital,	11,329 18	7,919 90	14,890 87	1,141 55 ¹	28,781 85	1,237 95 ¹		
Totals,	\$13,561 09	\$8,019 13	\$20,822 54	\$910 28 ¹	\$68,653 29	\$14,262 88 ¹		
Aggregates,	\$77,665 06	\$1,008 46	\$108,206 23	\$37,479 67	\$743,069 80	\$40,595 23 ¹		

¹ Decrease.

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY — CON.					
	HEAT, LIGHT AND POWER.					
	FUEL.			MISCELLANEOUS.		
	Amount.	Increase.		Amount.	Amount.	Increase.
The insane: —						
State hospitals: —						
Worcester,	\$4,408 72	\$2,366 72		\$1,381 98	\$5,790 70	\$3,073 76
Taunton,	5,436 00	1,770 00 ¹		183 52	5,619 52	1,586 48 ¹
Northampton,	6,578 68	2,265 32		—	6,578 68	2,265 32
Danvers,	1,484 70	621 20		1,352 31	2,837 01	1,406 65
Westborough,	1,356 50	733 25		467 46	1,823 96	1,200 71
Boston,	1,567 18	113 30 ¹		—	1,567 18	113 30 ¹
Totals,	\$20,831 78	\$4,103 19		\$3,385 27	\$24,217 05	\$6,246 66
State asylums: —						
Worcester,	\$8,403 75	\$1,755 70		\$160 65	\$8,564 40	\$1,707 35
Medfield,	11,840 58	1,384 00		16 00	11,856 58	1,391 57
Gardner Colony,	6,939 31	4,536 38		—	6,939 31	4,097 20
Totals,	\$27,183 64	\$7,676 08		\$176 65	\$27,360 29	\$7,196 12
Totals, hospitals and asylums,	\$48,015 42	\$11,779 27		\$3,561 92	\$51,577 34	\$13,442 78
Miscellaneous: —						
Monson Hospital,	\$64 00	\$81 30 ¹		\$620 85	\$684 85	\$738 86 ¹
Foxborough Hospital,	2,866 18	1,222 57 ¹		129 40	2,995 67	2,761 78 ¹
School for Feeble-minded at Walham,	9,694 88	2,072 12 ¹		1,182 01	10,876 89	1,566 85 ¹
Wrentham School,	3,544 76	179 01 ¹		186 20	3,730 96	202 81 ¹
Totals,	\$16,169 82	\$3,555 00 ¹		\$2,118 55	\$18,288 37	\$5,270 30 ¹
Totals, hospitals, asylums and miscellaneous,	\$64,185 24	\$8,224 27		\$5,680 47	\$69,865 71	\$8,172 48
Mental wards, State Infirmary,	\$2,690 57	\$837 37 ¹		\$16 90	\$2,707 47	\$870 47 ¹
Bridgewater Hospital,	3,600 64	909 45		534 85	4,135 49	1,444 30
Totals,	\$6,291 21	\$22 08		\$551 75	\$6,842 96	\$573 83
Aggregates,	\$70,476 45	\$8,246 35		\$6,232 22	\$76,708 67	\$8,746 31

¹ Decrease.

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911* — Continued.

	PERSONAL PROPERTY — CONY.									
	REPAIRS AND IMPROVEMENTS.				TOTALS.		LIVE STOCK.		PRODUCE.	
	MACHINERY AND MECHANICAL FIXTURES.		MISCELLANEOUS.		Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
	Amount.	Increase.	Amount.	Increase.						
The insane: —										
State hospitals: —										
Worcester,	\$3,792 56	\$717 94	\$4,091 36	\$7,883 92	\$229 26		\$25,914 50	\$885 50 ¹	\$5,433 25	\$1,946 75
Taunton,	2,758 13	1,731 87	1,141 31	3,899 44	2,873 18		15,546 50	4,861 25	1,849 05	1,026 45 ¹
Northampton,	—	—	—	—	—		16,371 00	1,022 00	13,334 90	864 07 ¹
Danvers,	—	—	24,734 74	8,666 67	8,666 67		14,402 30	4,425 10	9,515 00	1,887 00 ¹
Westborough,	2,478 00	1,508 00	3,708 00	1,778 50	1,778 50		20,697 85	2,498 85	9,342 40	44 97
Boston,	—	5,874 00 ¹	3,030 32	3,030 32	7,617 02 ¹		8,316 40	237 80	5,229 30	2,635 75 ¹
Totals,	\$9,028 69	\$1,916 19 ¹	\$36,705 73	\$45,734 42	\$5,930 59		\$101,488 55	\$8,359 50	\$45,703 90	\$4,421 55 ¹
State asylums: —										
Worcester,	—	—	\$11,758 34	\$11,758 34	\$513 31		\$17,719 00	\$161 50 ¹	\$3,617 75	\$1,610 58 ¹
Medford,	\$30,036 81	—	6,650 24	36,687 05	—		34,005 75	204 10	2,183 75	41 25
Gardner Colony,	4,865 18	\$2,039 49	5,707 75	10,572 93	1,430 24		10,779 25	509 75	10,139 10	781 65
Totals,	\$34,901 99	\$2,039 49	\$24,116 33	\$35,018 32	\$1,943 55		\$62,504 00	\$552 25	\$15,940 60	\$737 68 ¹
Totals, hospitals and asylums,	\$43,930 68	\$123 30	\$60,822 06	\$104,752 74	\$7,874 14		\$163,992 55	\$8,911 85	\$61,644 50	\$5,209 23 ¹
Miscellaneous: —										
Monson Hospital,	\$6,947 09	—	\$3,643 53	\$10,590 62	\$167 32		\$14,361 00	\$869 00 ¹	\$8,033 25	\$6,755 75
Foxborough Hospital,	1,377 00	\$3,965 62 ¹	5,690 86	7,067 86	5,976 80 ¹		6,866 75	399 25	529 40	37 25
School for Feeble-minded at Waltham,	—	—	4,475 57	4,475 57	438 93 ¹		16,093 54	3,529 04	11,512 80	157 97 ¹
Wrentham School,	18 00	18 00	1,355 86	1,353 86	217 02		3,660 25	225 75 ¹	2,507 06	760 36
Totals,	\$8,342 09	\$3,947 62 ¹	\$15,145 82	\$23,487 91	\$6,081 44 ¹		\$40,981 54	\$2,833 54	\$22,582 51	\$7,395 39
Totals, hospitals, asylums and miscellaneous,	\$52,272 77	\$3,824 32 ¹	\$75,967 88	\$128,240 65	\$1,842 70		\$204,974 09	\$11,745 39	\$84,227 01	\$2,186 16
Mental wards, State Infirmary,	\$22,254 69	\$33,297 52 ¹	—	\$22,254 69	\$33,297 52 ¹		—	—	—	—
Bridgewater Hospital,	6,465 16	33,433 42 ¹	—	6,465 16	33,433 42 ¹		—	—	—	—
Totals,	\$28,719 85	\$66,660 94 ¹	—	\$28,719 85	\$66,660 94 ¹		\$204,974 09	\$11,745 39	\$84,227 01	\$2,186 16
Aggregates,	\$80,992 62	\$70,485 26 ¹	\$75,967 88	\$156,960 50	\$64,818 24 ¹		—	—	—	—

¹ Decrease.

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911 — Continued.*

INSTITUTIONS.	PERSONAL PROPERTY — CON.					
	FARM, STABLE AND GROUNDS — CON.					
	CARRIAGES AND AGRICULTURAL IMPLEMENTS.			MISCELLANEOUS.		TOTALS.
	Amount.	Increase.		Amount.	Amount.	
The insane: —						
State hospitals: —						
Worcester,	\$11,172 55	\$358 30 ¹		\$9,549 55	\$52,069 85	\$3,625 40
Taunton,	6,409 25	1,370 75		2,025 10	26,829 90	6,402 05
Northampton,	3,905 04	1,642 17 ¹		—	33,610 94	1,484 24 ¹
Danvers,	3,474 75	370 09		8,943 86	36,335 91	2,944 15
Westborough,	4,545 74	1,803 71 ¹		4,074 81	38,900 80	2,719 02
Boston,	4,377 50	208 65 ¹		4,129 55	22,052 75	345 79 ¹
Totals,	\$33,884 83	\$2,271 90 ¹		\$28,722 87	\$209,800 15	\$13,980 59
State asylums: —						
Worcester,	\$10,926 02	\$609 74 ¹		—	\$32,262 77	\$2,381 82 ¹
Medfield,	5,218 30	546 55		\$844 98	42,252 78	706 62
Gardner Colony,	7,811 25	3,259 19		2,476 85	31,206 45	3,005 06
Totals, hospitals and asylums,	\$23,955 57	\$3,196 00		\$3,321 83	\$105,722 00	\$1,329 86
	\$57,840 40	\$924 01		\$32,044 70	\$315,522 15	\$15,310 45
Miscellaneous: —						
Monson Hospital,	\$5,446 49	\$2,920 24 ¹		\$2,335 96	\$30,176 70	\$3,343 15
Foxborough Hospital,	4,901 50	3,006 50		3,018 72	15,406 37	6,085 01
School for Feeble-minded at Waltham,	9,666 89	280 26 ¹		1,126 93	38,400 16	3,318 52
Wrentham School,	1,894 47	150 52		1,318 91	9,340 69	1,789 26
Totals,	\$21,959 35	\$43 48 ¹		\$7,800 52	\$93,323 92	\$14,535 94
Totals, hospitals, asylums and miscellaneous,	\$79,799 75	\$880 53		\$39,845 22	\$98,846 07	\$29,846 39
Mental wards, State Infirmary,	—	—		—	\$13,948 42	\$683 97
Bridgewater Hospital,	—	—		—	22,946 86	5,644 59 ¹
Totals,	—	—		—	\$36,895 28	\$4,900 62 ¹
Aggregates,	\$79,799 75	\$880 53		\$39,845 22	\$445,741 35	\$24,885 77

¹ Decrease.

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911* — Continued.

INSTITUTIONS.	REAL AND PERSONAL PROPERTY.				TOTAL VALUATION OF REAL PROPERTY.			
	MISCELLANEOUS.		TOTAL VALUATION OF PERSONAL PROPERTY.		TOTAL VALUATION OF REAL PROPERTY.			
	Amount.		Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane —								
State hospitals: —								
Worcester,	\$18,795 25	.	\$217,984 15	\$2,426 19 ¹	\$1,908,794 41		\$120 00	
Taunton,	6,464 38	.	163,421 14	12,196 18 ¹	771,778 48		42,762 22	
Northampton,	3,928 44	.	96,734 93	4,274 65	816,446 37		—	
Danvers,	6,297 87	.	136,682 50	19,608 07	1,705,460 82		126 78 ¹	
Westborough,	3,720 63	.	133,737 83	15,153 88	954,526 00		61,700 00	
Boston,	3,429 11	.	93,616 45	6,139 83 ¹	1,720,933 58		582,304 58	
Totals,	\$42,635 68	.	\$782,177 00	\$18,274 40	\$7,877,939 66		\$686,760 02	
State asylums: —								
Worcester,	\$3,331 35	.	\$132,438 98	\$3,574 63	\$1,069,911 94		\$36,656 54	
Medford,	4,370 00	.	174,354 39	5,129 39	1,577,438 31		29,471 85	
Gardner Colony,	3,707 27	.	106,105 29	10,381 12	513,647 57		5,670 92	
Totals,	\$11,408 62	.	\$412,893 66	\$19,085 14	\$3,160,997 85		\$71,798 81	
Totals, hospitals and asylums,	\$54,044 30	.	\$1,195,075 66	\$37,359 54	\$11,038,937 51		\$758,558 83	
Miscellaneous: —								
Monson Hospital,	\$10,093 73	.	\$129,304 48	\$4,289 86 ¹	\$704,369 84		\$12,570 22	
Foxborough Hospital,	3,108 40	.	54,960 94	6,386 56 ¹	366,499 23		10,510 23	
School for Feeble-minded at Waltham,	9,224 23	.	150,100 03	18,822 70	845,636 01		2,078 02	
Wrentham School,	2,301 47	.	42,187 62	10,615 66	324,936 64		50,620 34	
Totals,	\$24,727 83	.	\$376,553 07	\$18,761 94	\$2,241,441 72		\$75,778 81	
Totals, hospitals, asylums and miscellaneous,	\$78,772 13	.	\$1,571,628 73	\$56,121 48	\$13,280,379 23		\$834,337 64	
Mental wards, State Infirmary,	\$17,630 33	.	\$104,575 93	\$30,609 84 ¹	\$413,480 92		\$30,316 18	
Bridgewater Hospital,	3,090 42	.	91,639 83	29,467 82 ¹	352,356 18		57,691 70	
Totals,	\$20,720 75	.	\$196,215 76	\$60,077 66 ¹	\$765,837 10		\$88,007 88	
Aggregates,	\$90,492 88	.	\$1,767,844 49	\$3,956 18 ¹	\$14,046,216 33		\$922,345 52	

¹ Decrease.

TABLE 3. — *Inventory of the State Institutions, Nov. 30, 1911 — Concluded.*

INSTITUTIONS.	REAL AND PERSONAL PROPERTY — CON.					
	TOTAL REAL AND PERSONAL.			PRIVATE FUNDS.		
	Amount.	Increase.		Amount.	Increase.	TOTAL INVENTORY.
The insane: —						
State hospitals: —						
Worcester,	\$2,126,778 56	\$2,306 19 ¹		\$8,768 37	\$176 53	\$2,135,546 93
Taunton,	875,190 02	30,566 04				875,190 62
Northampton,	913,181 30	4,274 65		703 24	25 63	913,884 54
Danvers,	1,842,143 32	19,481 29		—	—	1,842,143 32
Westborough,	1,083,263 83	76,853 88		—	—	1,083,263 83
Boston,	1,814,550 03	576,164 75		—	—	1,814,550 03
Totals,	\$8,660,116 66	\$705,034 42		\$9,471 61	\$202 16	\$8,669,588 27
State asylums: —						
Worcester,	\$1,202,350 92	\$40,231 17		—	—	\$1,202,350 92
Medfield,	1,751,792 73	34,600 74		—	—	1,751,792 73
Gardner Colony,	619,752 86	16,052 04		—	—	619,752 86
Totals,	\$3,573,896 51	\$90,883 95		\$0,471 61	\$202 16	\$3,573,896 51
Totals, hospitals and asylums,	\$12,234,013 17	\$795,918 37				\$12,243,484 78
Miscellaneous: —						
Monson Hospital,	\$833,674 32	\$8,280 36		\$368 73	\$40 24 ¹	\$834,043 05
Roxborough Hospital,	421,460 17	4,123 67		—	—	421,460 17
School for Feeble-minded at Waltham,	995,736 04	20,900 72		57,872 25	—	1,053,608 29
Wrentham School,	367,124 26	61,236 00		—	—	367,124 26
Totals,	\$2,617,994 79	\$94,540 75		\$58,240 98	\$40 24¹	\$2,676,235 77
Totals, hospitals, asylums and miscellaneous,	\$14,852,007 96	\$890,459 12		\$67,712 59	\$161 92	\$14,919,720 55
Mental wards, State Infirmary,						
Bridgewater Hospital,	\$518,056 85	\$293 66 ¹		—	—	\$518,056 85
	443,996 01	28,223 88		—	—	443,996 01
Totals,	\$962,052 86	\$297,990 22		\$67,712 59	\$161 92	\$962,052 86
Aggregates,	\$15,814,060 82	\$918,389 34				\$15,881,773 41

¹ Decrease.

TABLE 4. — Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1911 (available for Maintenance the Following Year, under Section 2, Chapter 175, Acts of 1905).

INSTITUTIONS.	RECEIPTS FOR SUPPORT.				RECEIPTS ON ACCOUNT OF SALES OR REFUNDS.			
	Town.	Reimburs- ing.	Private.	Total Support.	Salaries, Wages and Labor.	Food.	Clothing and Clothing Material.	Furnishings.
The insane: —								
State hospitals: —								
Worcester,	\$120 71	\$18,001 36	\$43,937 30	\$62,059 37	—	\$1,910 87	\$482 91	\$12 17
Taunton,	—	13,711 87	24,542 66	38,254 53	—	53 48	708 56	27 13
Northampton,	—	15,292 13	32,961 52	48,253 65	—	213 37	193 07	50
Danvers,	44 11	23,538 87	36,476 70	60,059 68	\$5 30	343 04	535 03	83 04
Westborough,	—	14,863 76	66,751 95	81,615 71	—	166 10	500 86	33 75
Boston,	—	7,410 81	19,750 66	27,161 47	—	387 16	38 08	40 68
Totals,	\$164 82	\$92,818 80	\$224,420 79	\$317,404 41	\$5 30	\$3,074 02	\$2,455 51	\$197 27
State asylums: —								
Worcester,	—	\$7,878 47	—	\$7,878 47	—	\$75 98	\$382 55	—
Medfield,	—	10,384 62	—	10,384 62	—	574 70	766 50	\$20 00
Gardner Colony,	—	1,227 28	—	1,227 28	\$1 53	50 17	300 78	—
Totals,	\$164 82	\$19,490 37	\$224,420 79	\$336,894 78	\$1 53	\$700 85	\$1,449 83	\$20 00
Totals, hospitals and asylums,		\$112,309 17			\$6 83	\$3,774 87	\$3,908 34	\$217 27
Miscellaneous: —								
Monson Hospital,	\$357 96	\$3,192 60	\$7,511 37	\$11,061 93	\$11 70	\$517 99	\$168 69	\$3 40
Foxborough Hospital,	690 28	2,617 41	1,670 72	4,978 41	—	14 10	148 58	—
School for Feeble-minded at Waltham,	9,436 99	1,556 82	11,944 34	22,938 15	—	66 37	513 84	1 75
Wrentham School,	—	220 13	51 57	271 70	—	—	51 07	—
Totals,	\$10,485 23	\$7,586 96	\$21,178 00	\$39,250 19	\$11 70	\$598 46	\$880 18	\$5 15
Totals, hospitals, asylums and miscellaneous,	\$10,650 05	\$119,896 13	\$245,598 79	\$376,144 97	\$18 53	\$4,373 33	\$4,788 52	\$222 42
Mental wards, State Infirmary,	—	\$2,218 00	—	\$2,218 00	—	—	\$52 54	\$3 03
Bridgewater Hospital,	—	411 00	—	411 00	\$7 92	\$4 87	—	—
Totals,	—	\$2,629 00	—	\$2,629 00	\$7 92	\$4 87	\$52 54	\$3 03
Aggregates,	\$10,650 05	\$122,525 13	\$245,598 79	\$378,773 97	\$26 45	\$4,378 20	\$4,841 06	\$225 45

TABLE 4. — Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1911, etc. — Concluded.

INSTITUTIONS.	RECEIPTS ON ACCOUNT OF SALES OR REFUNDS — Con.					Miscellaneous.	Total Receipts.
	Heat, Light and Power.	Repairs and Improvements.	Farm, Stable and Grounds.	Sundries.	Total Sales or Refunds.		
The insane:—							
State hospitals:—							
Worcester,	\$35 75	\$258 84	\$2,600 32	\$274 32	\$5,575 18	\$964 04	\$68,598 59
Taunton,	3 36	20 85	146 43	25 60	985 41	637 47	39,877 41
Northampton,	—	45	1,613 89	825 04	2,846 32	145 99	51,245 96
Danvers,	93 80	375 06	1,000 83	355 27	2,791 37	339 27	63,190 32
Westborough,	7 80	16 20	394 47	557 59	1,676 77	571 20	83,863 68
Boston,	23 18	3 20	676 09	5 03	1,173 42	306 31	28,641 20
Totals,	\$163 89	\$674 60	\$6,432 03	\$2,042 85	\$15,048 47	\$2,964 28	\$335,417 16
State asylums:—							
Worcester,	—	\$12 68	\$1,044 61	\$171 97	\$1,687 79	\$120 41	\$9,686 67
Medfield,	—	57 00	390 13	67 34	1,875 67	290 51	12,550 80
Gardner Colony,	\$60 68	16 36	189 90	107 55	726 97	727 21	2,651 46
Totals,	\$60 68	\$86 04	\$1,624 64	\$346 86	\$4,290 43	\$1,138 13	\$24,918 93
Totals, hospitals and asylums,	\$224 57	\$760 64	\$8,056 67	\$2,389 71	\$19,338 90	\$4,102 41	\$360,336 09
Miscellaneous:—							
Monson Hospital,	—	\$66 55	\$772 18	\$18 51	\$1,559 02	\$178 71	\$12,799 66
Foxborough Hospital,	\$10 35	47 41	323 35	37 29	570 08	1,101 49	6,658 98
School for Feeble-minded at Waltham,	11 94	304 50	464 02	32 22	1,394 64	314 07	24,646 86
Wrentham School,	—	—	295 07	—	346 14	52 62	670 46
Totals,	\$22 29	\$418 46	\$1,854 62	\$88 02	\$3,878 88	\$1,646 89	\$44,775 96
Totals, hospitals, asylums and miscellaneous,	\$246 86	\$1,179 10	\$9,911 29	\$2,477 73	\$23,217 78	\$5,749 30	\$403,112 05
Mental wards, State Infirmary,	—	—	\$36 11	\$181 25	\$269 90	\$159 67	\$2,647 57
Bridgewater Hospital,	\$47 36	—	342 89	194 49	600 56	353 62	1,365 18
Totals,	\$47 36	—	\$379 00	\$375 74	\$870 46	\$513 29	\$4,012 75
Aggregates,	\$294 22	\$1,179 10	\$10,290 29	\$2,853 47	\$24,088 24	\$6,262 59	\$409,124 80

TABLE 5. — *Expenses for Maintenance and Net Weekly per Capitas for the Fiscal Year ending Nov. 30, 1911.*

INSTITUTIONS.	SALARIES, WAGES AND LABOR ON PAY ROLL.						FOOD.	
	Average Number of Patients.	Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.
					1911.	Three Years' Average, 1908-10.		
The insane:—								
State hospitals:—								
Worcester,	1,371	\$128,263 01	—	\$128,263 01	\$1,7991	\$1,6347	\$74,895 96	\$1,910 87
Taunton,	996	97,717 80	—	97,717 80	1,8867	1,8963	54,356 19	53 48
Northampton,	889	66,863 64	—	66,863 64	1,4464	1,4556	48,617 14	213 37
Danvers,	1,446	147,844 39	\$5 30	147,839 59	1,9662	1,5665	70,659 03	343 04
Westborough,	1,127	124,638 59	—	124,638 59	2,1268	2,1626	68,731 56	166 10
Boston,	858	104,631 59	—	104,631 59	2,3452	—	47,088 86	387 16
Totals and averages,	6,687	\$669,959 52	\$5 30	\$669,954 22	\$1,9267	\$1,7295 ¹	\$364,368 74	\$3,074 02
State asylums:—								
Worcester,	1,132	\$108,797 08	—	\$108,797 08	\$1,8483	\$1,7456	\$59,446 95	\$75 98
Medfield,	1,730	132,765 83	—	132,765 83	1,4758	1,5757	94,047 31	574 70
Gardner Colony,	661	47,218 20	\$1 53	47,216 67	1,3737	1,3434	21,226 27	50 17
Totals and averages,	3,523	\$288,781 11	\$1 53	\$288,779 58	\$1,5763	\$1,5014	\$174,720 53	\$700 85
Totals and averages, hospitals and asylums,	10,210	\$958,740 63	\$6 83	\$958,733 80	\$1,8058	\$1,6613 ¹	\$539,089 27	\$3,774 87
Miscellaneous:—								
Monson Hospital,	835	\$78,957 78	\$11 70	\$78,946 08	\$1,8182	\$1,8444	\$45,904 22	\$517 99
Foxborough Hospital,	376	36,891 67	—	36,891 67	1,8868	2,0101	20,693 03	14 10
School for Feeble-minded at Waltham,	1,377	108,643 26	—	108,643 26	1,5173	1,4643	60,089 68	66 37
Wrentham School,	258	26,226 35	—	26,226 35	1,9548	—	10,822 44	—
Totals and averages,	2,846	\$250,719 06	\$11 70	\$250,707 36	\$1,6941	—	\$137,509 37	\$598 46
Totals and averages, hospitals, asylums and miscellaneous,	13,056	\$1,209,459 69	\$18 53	\$1,209,441 16	\$1,7814	—	\$676,598 64	\$4,373 33
Mental wards, State Infirmary,	744	\$40,870 91	—	\$40,870 91	\$1,0564	—	\$41,351 98	—
Bridgewater Hospital,	732	26,409 14	\$7 92	26,401 22	0,6936	—	25,922 22	\$4 87
Totals and averages,	1,476	\$67,280 05	\$7 92	\$67,272 13	\$0,8765	—	\$67,274 20	\$4 87
Aggregates,	14,532	\$1,276,739 74	\$26 45	\$1,276,713 29	\$1,6885	—	\$743,872 84	\$4,378 20

¹ Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FOOD — Con.			CLOTHING AND CLOTHING MATERIAL.				
	Net Expenses.	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	
		1911.	Three Years' Average, 1908-10.				1911.	Three Years' Average, 1908-10.
The insane: —								
State hospitals: —								
Worcester,	\$72,985 09	\$1,0238	\$1,2512	\$8,700 26	\$482 91	\$8,217 35	\$0,1153	\$0,1805
Taunton,	54,302 71	1,0485	1,2035	5,049 14	708 56	4,340 58	0,0838	0,1094
Northampton,	48,403 77	1,0471	1,0701	5,671 40	193 07	5,478 33	0,1185	0,1008
Danvers,	70,315 99	0,9352	0,9134	12,373 49	535 03	11,838 46	0,1574	0,1843
Westborough,	68,615 46	1,1708	1,1506	7,410 27	500 86	6,909 41	0,1179	0,1152
Boston,	46,671 70	1,0461	—	6,240 91	38 08	6,202 83	0,1390	—
Totals and averages,	\$361,294 72	\$1,0390	\$1,1090 ¹	\$45,445 47	\$2,458 51	\$42,986 96	\$0,1236	\$0,1449 ¹
State asylums: —								
Worcester,	\$50,370 97	\$1,0086	\$1,0331	\$14,167 18	\$382 55	\$13,784 63	\$0,2342	\$0,2042
Medfield,	93,472 61	1,0391	1,0003	21,921 66	766 50	21,155 16	0,2352	0,1978
Gardner Colony,	21,176 10	0,6161	0,7078	8,057 78	300 78	7,757 00	0,2257	0,1769
Totals and averages,	\$174,019 68	\$0,9499	\$0,9598	\$44,146 62	\$1,449 83	\$42,606 79	\$0,2331	\$0,1963
Totals and averages, hospitals and asylums,	\$535,314 40	\$1,0083	\$1,0498 ¹	\$89,592 09	\$3,908 34	\$85,683 75	\$0,1614	\$0,1648 ¹
Miscellaneous: —								
Monson Hospital,	\$45,386 23	\$1,0453	\$1,0245	\$5,074 39	\$168 69	\$4,905 70	\$0,1130	\$0,0991
Foxborough Hospital,	20,678 93	1,0576	1,2972	4,116 86	146 58	3,970 28	0,2031	0,1583
School for Feeble-minded at Waltham,	60,023 31	0,8383	0,9459	16,033 67	513 84	15,519 83	0,2167	0,1895
Wrentham School,	10,822 44	0,8067	—	3,532 19	51 07	3,481 12	0,2595	—
Totals and averages,	\$136,910 91	\$0,9251	—	\$28,757 11	\$380 18	\$27,876 93	\$0,1884	—
Totals and averages, hospitals, asylums and miscellaneous,	\$672,225 31	\$0,9901	—	\$118,349 20	\$4,788 52	\$113,560 68	\$0,1673	—
Mental wards, State Infirmary,	\$41,351 98	\$1,0689	—	\$6,856 08	\$52 54	\$6,803 54	\$0,1758	—
Bridgewater Hospital,	25,917 35	0,6809	—	7,239 39	—	7,239 39	0,1902	—
Totals and averages,	\$67,269 33	\$0,8765	—	\$14,095 47	\$52 54	\$14,042 93	\$0,1830	—
Aggregates,	\$739,494 64	\$0,9786	—	\$132,444 67	\$4,841 06	\$127,603 61	\$0,1689	—

¹ Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.		FURNISHINGS.						
		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.			
					1911.	Three Years' Average, 1908-10.	Beds, Bedding, Table Linen, etc.	Carpets, Rugs, etc
The insane:—								
State hospitals:—								
Worcester,	.	\$9,851 30	\$12 17	\$9,839 13	\$0 1380	\$0 1873	\$0 0849	\$0 0050
Taunton,	.	11,939 19	27 13	11,912 05	0 2300	0 2260	0 1518	0 0237
Northampton,	.	5,366 31	50	5,365 81	0 1161	0 1377	0 0585	0 0200
Danvers,	.	18,166 78	83 04	18,083 74	0 2405	0 1959	0 1049	0 0082
Westborough,	.	13,420 72	33 75	13,386 97	0 2284	0 2138	0 1063	0 0108
Boston,	.	11,932 05	40 68	11,891 37	0 2665	—	0 1345	0 0151
Totals and averages,		\$70,676 35	\$197 27	\$70,479 08	\$0 2027	\$0 1914 ¹	\$0 1062	\$0 0128
State asylums:—								
Worcester,	.	\$11,509 80	—	\$11,509 80	\$0 1955	\$0 1735	\$0 1244	\$0 0052
Medfield,	.	9,522 17	\$20 00	9,502 17	0 1056	0 1014	0 0631	0 0047
Gardner Colony,	.	4,849 02	—	4,849 02	0 1411	0 1317	0 0745	0 0009
Totals and averages,		\$25,880 99	\$20 00	\$25,860 99	\$0 1412	\$0 1308	\$0 0874	\$0 0041
Totals and averages, hospitals and asylums,		\$96,557 34	\$217 27	\$96,340 07	\$0 1814	\$0 1682 ¹	\$0 0997	\$0 0098
Miscellaneous:—								
Monson Hospital,	.	\$7,019 59	\$3 40	\$7,016 19	\$0 1616	\$0 1379	\$0 0594	\$0 0150
Foxborough Hospital,	.	2,557 36	—	2,557 36	0 1308	0 1398	0 0872	0 0041
School for Feeble-minded at Waltham,	.	11,515 54	1 75	11,513 79	0 1608	0 1456	0 0936	0 0033
Wrentham School,	.	2,494 26	—	2,494 26	0 1859	—	0 0540	0 0113
Totals and averages,		\$23,586 75	\$5 15	\$23,581 60	\$0 1593	—	\$0 0791	\$0 0078
Totals and averages, hospitals, asylums and miscellaneous,		\$120,144 09	\$222 42	\$119,921 67	\$0 1766	—	\$0 0952	\$0 0094
Mental wards, State Infirmary,		\$5,195 45	—	\$5,195 45	\$0 1343	—	—	—
Bridgewater Hospital,		3,175 48	\$3 03	3,172 45	0 0834	—	—	—
Totals and averages,		\$8,370 93	\$3 03	\$8,367 90	\$0 1090	—	—	—
Aggregates,		\$128,515 02	\$225 45	\$128,289 57	\$0 1698	—	—	—

¹ Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

	FURNISHINGS — Conl.		HEAT, LIGHT AND POWER.				WEEKLY PER CAPITA.	
	Furniture and Upholstery.	Crocery, Glassware, Cutlery, etc.	Gross Expenses.	Receipts.	Net Expenses.	1911.	Three Years' Average, 1908-10.	
The insane: —								
State hospitals: —								
Worcester,	\$0.0103	\$0.0078	\$25,524 28 ^a	\$35 75	\$25,488 53	\$0.3575	\$0.3368	
Taunton,	0.0105	0.0133	16,574 87	3 36	16,571 51	0.3200	0.3573	
Northampton,	0.0142	0.0117	12,877 18	—	12,877 18	0.2785	0.2725	
Danvers,	0.0257	0.0234	27,703 82	93 80	27,610 02	0.3672	0.2805	
Westborough,	0.0108	0.0223	28,313 29	7 80	28,305 49	0.4880	0.4095	
Boston,	0.0242	0.0247	15,948 56	23 18	15,925 38	0.3569	—	
Totals and averages,	\$0.0161	\$0.0171	\$126,942 00	\$163 89	\$126,778 11	\$0.3646	\$0.3399 ¹	
State asylums: —								
Worcester,	\$0.0035	\$0.0080	\$25,988 60	—	\$25,988 60	\$0.4415	\$0.4140	
Medfield,	0.0039	0.0041	34,140 37	—	34,140 37	0.3795	0.3658	
Gardner Colony,	0.0091	0.0104	12,297 89	\$60 68	12,237 21	0.3560	0.3073	
Totals and averages,	\$0.0048	\$0.0066	\$72,426 86	\$60 68	\$72,366 18	\$0.3950	\$0.3716	
Totals and averages, hospitals and asylums,	\$0.0122	\$0.0135	\$199,368 86	\$224 57	\$199,144 29	\$0.3751	\$0.3559 ¹	
Miscellaneous: —								
Monson Hospital,	\$0.0071	\$0.0226	\$15,787 40	—	\$15,787 40	\$0.3636	\$0.3517	
Foxborough Hospital,	0.0030	0.0132	10,307 86	\$10 35	10,297 51	0.5267	0.7217	
School for Feeble-minded at Waltham,	0.0208	0.0088	16,281 15	11 94	16,269 21	0.2272	0.2473	
Wrentham School,	0.0417	0.0215	4,988 18	—	4,988 18	0.3718	—	
Totals and averages,	\$0.0163	\$0.0146	\$47,364 59	\$22 29	\$47,342 30	\$0.3199	—	
Totals and averages, hospitals, asylums and miscellaneous,	\$0.0131	\$0.0137	\$246,733 45	\$246 86	\$246,486 59	\$0.3631	—	
Mental wards, State Infirmary,	—	—	\$13,302 77	—	\$13,302 77	\$0.3438	—	
Bridgewater Hospital,	—	—	9,127 10	\$47 36	9,079 74	0.2385	—	
Totals and averages,	—	—	\$22,429 87	\$47 36	\$22,382 51	\$0.2916	—	
Aggregates,	—	—	\$269,163 32	\$294 22	\$268,869 10	\$0.3558	—	

¹ Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	HEAT, LIGHT AND POWER — CON.									
	SOFT.					COAL.				
	BUCKWHEAT AND SCREENINGS.		HARD.		TOTAL CONSUMPTION WEEKLY PER CAPITA.	AVERAGE PRICE.		QUANTITY, LONG TONS.		COST.
	Quantity, Long Tons.	Average Price.	Quantity, Long Tons.	Average Price.		Quantity, Long Tons.	Average Price.	Quantity, Long Tons.	1911.	
The insane: —										
State hospitals: —										
Worcester,	5,111	\$4.428	308	\$6.588		—	—	0.0760	\$0.3459	\$0.3198
Taunton,	3,404	4.022	323	5.717		—	—	0.0720	0.3000	0.3334
Northampton,	3,106	3.801	50	6.245		—	—	0.0683	0.2621	0.2562
Danvers,	5,899	3.926	425	5.898		—	—	0.0841	0.3413	0.2597
Westborough,	5,364	4.400	651	6.425		114	\$2.898	0.1046	0.4798	0.4605
Boston,	3,221	4.383	182	6.700		—	—	0.0763	0.3438	—
Totals and averages,	26,105	\$4.175	1,939	\$6.238		114	\$2.898	0.0810	\$0.3402	\$0.3228 ¹
State asylums: —										
Worcester,	835	\$4.498	435	\$6.076		6,342	\$2.955	0.1283	\$0.4258	\$0.3910
Medfield,	7,551	4.024	477	5.882		—	—	0.0890	0.3651	0.3529
Gardner Colony,	1,712	4.416	481	6.234		430	2.678	0.0763	0.3407	0.2802
Totals and averages,	10,078	\$4.123	1,393	\$6.064		6,772	\$2.938	0.0906	\$0.3815	\$0.3528
Totals and averages, hospitals and asylums,	36,183	\$4.161	3,332	\$6.166		6,886	\$2.937	0.0874	\$0.3604	\$0.3344 ¹
Miscellaneous: —										
Monson Hospital,	2,720	\$4.137	551	\$7.259		—	—	0.0753	\$0.3513	\$0.3409
Foxborough Hospital,	2,066	4.295	112	5.726		—	—	0.1114	0.4866	0.6864
School for Feeble-minded at Waltham,	3,305	3.785	427	6.522		—	—	0.0521	0.2136	0.2334
Wrentham School,	835	4.497	158	6.867		—	—	0.0740	0.3608	—
Totals and averages, hospitals, asylums and miscellaneous,	8,926	\$4.077	1,248	\$6.820		—	—	0.0687	\$0.3034	—
Mental wards, State Infirmary,	45,109	\$4.141	4,580	\$6.344		6,886	\$2.937	0.0833	\$0.3479	—
Bridgewater Hospital,	—	—	—	—		—	—	—	—	—
Totals and averages,	—	—	—	—		—	—	—	—	—
Aggregates,	—	—	—	—		—	—	—	—	—

¹ Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

REPAIRS AND IMPROVEMENTS.								
INSTITUTIONS.	WEEKLY PER CAPITA.							
	Gross Expenses.	Receipts.	Net Expenses.	1911.	Three Years' Average, 1908-10.	Plumbing, Steam Fitting and Supplies.	Electrical Work and Supplies.	Paints, Oils, Glass, etc.
The insane:—								
State hospitals:—								
Worcester,	\$21,043 40	\$258 84	\$20,784 56	\$0.2015	\$0.2618	\$0.0257	\$0.0232	\$0.0915
Taunton,	9,555 58	20 85	9,534 73	0.1841	0.1919	0.0332	0.0136	0.0371
Northampton,	11,376 42	45	11,375 97	0.2461	0.1734	0.0348	0.0172	0.0477
Danvers,	42,177 19	375 06	41,802 13	0.5559	0.3642	0.0912	0.0426	0.0687
Westborough,	9,842 73	16 20	9,826 53	0.1677	0.2757	0.0597	0.0271	0.0184
Boston,	11,484 55	3 20	11,481 35	0.2573	—	0.0417	0.0112	0.0420
Totals and averages,	\$105,479 87	\$674 60	\$104,805 27	\$0.3014	\$0.2618 ¹	\$0.0500	\$0.0243	\$0.0540
State asylums:—								
Worcester,	\$10,391 41	\$12 68	\$10,378 73	\$0.1763	\$0.1886	\$0.0271	\$0.0125	\$0.0486
Medfield,	10,334 29	57 00	10,277 29	0.1142	0.1622	0.0338	0.0130	0.0101
Gardner Colony,	11,413 29	16 36	11,396 93	0.3316	0.3100	0.0953	0.0352	0.0363
Totals and averages,	\$32,138 99	\$86 04	\$32,052 95	\$0.1750	\$0.1972	\$0.0432	\$0.0170	\$0.0274
Totals and averages, hospitals and asylums,	\$137,618 86	\$760 64	\$136,858 22	\$0.2578	\$0.2375 ¹	\$0.0476	\$0.0218	\$0.0448
Miscellaneous:—								
Monson Hospital,	\$10,852 00	\$66 55	\$10,785 45	\$0.2484	\$0.2342	\$0.0818	\$0.0565	\$0.0319
Foxborough Hospital,	5,462 65	47 41	5,415 24	0.2770	0.4576	0.0641	0.0151	0.0404
School for Feeble-minded at Waltham,	15,856 43	304 50	15,551 93	0.2172	0.2348	0.0400	0.0157	0.0337
Wrentham School,	3,582 36	—	3,582 36	0.2670	—	0.0444	0.0171	0.0552
Totals and averages,	\$35,753 44	\$418 46	\$35,334 98	\$0.2388	—	\$0.0559	\$0.0277	\$0.0360
Totals and averages, hospitals, asylums and miscellaneous	\$173,372 30	\$1,179 10	\$172,193 20	\$0.2536	—	\$0.0494	\$0.0231	\$0.0429
Mental wards, State Infirmary,	\$10,139 20	—	\$10,139 20	\$0.2621	—	—	—	—
Bridgewater Hospital,	4,812 65	—	4,812 65	0.1264	—	—	—	—
Totals and averages,	\$14,951 85	—	\$14,951 85	\$0.1948	—	—	—	—
Aggregates,	\$188,324 15	\$1,179 10	\$187,145 05	\$0.2476	—	—	—	—

¹ Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

FARM, STABLE AND GROUNDS.								
INSTITUTIONS.	WEEKLY PER CAPITA.							
	Gross Expenses.	Receipts.	Net Expenses.	1911.	Three Years' Average, 1903-10.	Carriages, Wagons, and Repairs.	Hay, Grain, etc.	Fertilizers, Vines, Seeds, etc.
The insane:—								
State hospitals:—								
Worcester,	\$16,106 97	\$2,600 32	\$13,506 65	\$0.1895	\$0.2894	\$0.0118	\$0.1371	\$0.0126
Taunton,	17,965 55	146 43	17,819 12	0.3440	0.3051	0.0166	0.1853	0.0310
Northampton,	16,924 45	1,613 89	15,310 56	0.3312	0.3680	0.0096	0.1747	0.0425
Danvers,	20,236 08	1,000 83	19,235 25	0.2558	0.2336	0.0063	0.1686	0.0315
Westborough,	19,136 57	394 47	18,742 10	0.3198	0.3270	0.0162	0.2133	0.0197
Boston,	10,815 03	676 09	10,138 94	0.2273	—	0.0237	0.1016	0.0165
Totals and averages,	\$101,184 65	\$6,432 03	\$94,752 62	\$0.2725	\$0.2881 ¹	\$0.0133	\$0.1644	\$0.0251
State asylums:—								
Worcester,	\$14,875 35	\$1,044 61	\$13,830 74	\$0.2350	\$0.3034	\$0.0125	\$0.1487	\$0.0361
Medfield,	23,293 23	390 13	22,903 10	0.2546	0.2753	0.0059	0.1850	0.0124
Gardner Colony,	14,678 52	189 90	14,488 62	0.4215	0.4065	0.0337	0.2035	0.1332
Totals and averages,	\$52,847 10	\$1,624 64	\$51,222 46	\$0.2796	\$0.3079	\$0.0132	\$0.1768	\$0.0427
Totals and averages, hospitals and asylums,	\$154,031 75	\$8,056 67	\$145,975 08	\$0.2749	\$0.3051 ¹	\$0.0133	\$0.1687	\$0.0312
Miscellaneous:—								
Monson Hospital,	\$12,505 52	\$772 18	\$11,733 34	\$0.2702	\$0.2915	\$0.0131	\$0.1798	\$0.0210
Foxborough Hospital,	9,521 41	323 35	9,198 06	0.4704	0.4272	0.1639	0.1944	0.0464
School for Feeble-minded at Waltham,	28,094 83	464 02	27,630 81	0.3859	0.3056	0.0196	0.1902	0.0659
Wrentham School,	6,491 56	295 07	6,196 49	0.4619	—	0.0225	0.1990	0.1332
Totals and averages,	\$56,613 32	\$1,854 62	\$54,758 70	\$0.3700	—	\$0.0370	\$0.1885	\$0.0562
Totals and averages, hospitals, asylums and miscellaneous,	\$210,645 07	\$9,911 29	\$200,733 78	\$0.2957	—	\$0.0184	\$0.1730	\$0.0366
Mental wards, State Infirmary,	\$4,716 91	\$36 11	\$4,680 80	\$0.1210	—	—	—	—
Bridgewater Hospital,	6,856 94	342 89	6,514 05	0.1711	—	—	—	—
Totals and averages,	\$11,573 85	\$379 00	\$11,194 85	\$0.1458	—	—	—	—
Aggregates,	\$222,218 92	\$10,290 29	\$211,928 63	\$0.2805	—	—	—	—

¹ Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.			MISCELLANEOUS.						
	FARM, STABLE AND GROUNDS — Con.		WEEKLY PER CAPITA.						
	— Con.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.			
	Cows.	Horses.				1911.	Three Years' Average, 1908-10.	Freight, Ex- pressage and Transporta- tion.	Water.
The insane: —									
State hospitals: —									
Worcester,	\$0.0011	\$0.0091	\$18,547 76	\$1,238 36	\$17,309 40	\$0.2428	\$0.2047	\$0.0086	\$0.0727
Taunton,	0.0427	0.0154	23,440 66	663 07	22,777 59	0.4398	0.3784	0.0603	0.0883
Northampton,	0.0369	0.0141	11,395 30	971 03	10,424 27	0.2255	0.2457	0.0030	0.0935
Danvers,	—	0.0033	26,081 49	694 54	25,386 95	0.3376	0.2987	0.0603	0.0704
Westborough,	—	0.0130	17,584 98	1,128 79	16,456 19	0.2808	0.2796	0.0684	0.0281
Boston,	0.0359	—	15,470 37	311 34	15,159 03	0.3398	—	0.0022	0.1052
Totals and averages,	\$0.0161	\$0.0089	\$112,520 56	\$5,007 13	\$107,513 43	\$0.3092	\$0.2836 ¹	\$0.0337	\$0.0739
State asylums: —									
Worcester,	—	\$0.0144	\$13,313 98	\$292 38	\$13,021 60	\$0.2212	\$0.2235	\$0.0231	\$0.0296
Medfield,	\$0.0031	0.0076	12,683 48	357 85	12,325 63	0.1370	0.1309	0.0218	—
Gardner Colony,	—	—	6,489 38	834 76	5,654 62	0.1645	0.2300	0.0559	—
Totals and averages,	\$0.0015	\$0.0084	\$32,486 84	\$1,484 99	\$31,001 85	\$0.1692	\$0.1790	\$0.0286	\$0.0095
Totals and averages, hospitals and asylums,	\$0.0111	\$0.0087	\$145,007 40	\$6,492 12	\$138,515 28	\$0.2609	\$0.2562 ¹	\$0.0332	\$0.0517
Miscellaneous: —									
Monson Hospital,	\$0.0191	\$0.0173	\$13,095 26	\$197 22	\$12,898 04	\$0.2970	\$0.3303	\$0.0511	\$0.0322
Foxborough Hospital,	0.0360	—	9,722 66	1,138 78	8,583 88	0.4390	0.5587	0.0800	0.0273
School for Feeble-minded at Waltham,	—	0.0105	19,517 57 ²	346 29	19,171 28 ²	0.2563	0.2563	0.0747	0.0324
Wrentham School,	0.0302	0.0205	3,835 36	52 62	3,782 74	0.2820	—	0.0462	—
Totals and averages,	\$0.0131	\$0.0120	\$46,170 85 ²	\$1,734 91	\$44,435 94 ²	\$0.2947	—	\$0.0659	\$0.0287
Totals and averages, hospitals, asylums and miscellaneous,	\$0.0115	\$0.0095	\$191,178 25 ²	\$8,227 03	\$182,951 22 ²	\$0.2683	—	\$0.0404	\$0.0467
Mental wards, State Infirmary,	—	—	\$10,523 32	\$340 92	\$10,182 40	\$0.2632	—	—	—
Bridgewater Hospital,	—	—	7,544 09	548 10	6,995 99	0.1838	—	—	—
Totals and averages,	—	—	\$18,067 41	\$889 02	\$17,178 39	\$0.2238	—	—	—
Aggregates,	—	—	\$209,245 66 ²	\$9,116 05	\$200,129 61 ²	\$0.2637	—	—	—

¹ Includes \$820.80 for sewage disposal.² Exclusive of Boston.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	MISCELLANEOUS — Con.				TOTAL MAINTENANCE EXPENSES.			
	WEEKLY PER CAPITA — Con.				Gross Expenses.	GROSS WEEKLY PER CAPITA.		
	Funeral Ex- penses, returning and Patients and printing Annual Report.	Chapel Services and Entertain- ments.	Medicines and Hospital Supplies.	Tobacco.		1911.	Three Years' Average, 1908-10.	Receipts from Sales or Refunds.
The insane: —								
State hospitals: —								
Worcester,	\$0.0119	\$0.0099	\$0.0387	\$0.0177	\$302,932 94	\$4.2492	\$4.463	\$6,539 22
Taunton,	0.0078	0.0271	0.0492	0.0185	236,598 98	4.5682	4.690	1,622 88
Northampton,	0.0063	0.0159	0.0223	0.0017	179,091 84	3.8741	3.863	2,992 31
Danvers,	0.0040	0.0151	0.0511	0.0118	365,242 77	4.8575	4.073	3,130 64
Westborough,	0.0079	0.0130	0.0443	0.0128	289,128 71	4.9336	4.986	2,247 97
Boston,	0.0060	0.0385	0.0606	0.0053	223,581 92	5.0112	—	1,479 73
Totals and averages,	\$0.0074	\$0.0186	\$0.0445	\$0.0121	\$1,596,577 16	\$4.5915	\$4.400 ¹	\$18,012 75
State asylums: —								
Worcester,	\$0.0074	\$0.0175	\$0.0237	\$0.0129	\$258,490 35	\$4.3913	\$4.303	\$1,808 20
Medford,	0.0076	0.0134	0.0171	0.0124	338,708 34	3.7651	3.833	2,166 18
Gardner Colony,	0.0062	0.0170	0.0142	0.0185	126,280 35	3.6725	3.633	1,454 18
Totals and averages,	\$0.0073	\$0.0155	\$0.0187	\$0.0137	\$723,429 04	\$3.9489	\$3.956	\$5,428 56
Totals and averages, hospitals and asylums,	\$0.0073	\$0.0175	\$0.0356	\$0.0126	\$2,320,006 20	\$4.3698	\$4.236 ¹	\$23,441 31
Miscellaneous: —								
Monson Hospital,	\$0.0109	\$0.0280	\$0.0324	\$0.0154	\$189,196 16	\$4.3573	\$4.363	\$1,737 73
Foxborough Hospital,	0.0143	0.0499	0.0305	0.0426	99,273 50	5.0774	5.896	1,630 57
School for Feeble-minded at Waltham,	0.0044	0.0093	0.0147	0.0002	276,032 13 ²	3.8550	3.813	1,708 71
Wrentham School,	0.0077	0.0038	0.0357	—	61,972 70	4.6193	—	398 76
Totals and averages,	\$0.0079	\$0.0197	\$0.0239	\$0.0102	\$626,474 49 ²	\$4.2332	—	\$5,525 77
Totals and averages, hospitals, asylums and miscellaneous,	\$0.0075	\$0.0180	\$0.0331	\$0.0121	\$2,946,480 69 ²	\$4.3400	—	\$28,967 08
Mental wards, State Infirmary,	—	—	—	—	\$132,956 62	\$3.4366	—	\$429 57
Bridgewater Hospital,	—	—	—	—	91,087 01	2.3930	—	954 17
Totals and averages,	—	—	—	—	\$224,043 63	\$2.9190	—	\$1,383 74
Aggregates,	—	—	—	—	\$3,170,524 32 ²	\$4.1957	—	\$30,350 82

¹ Exclusive of Boston.² Includes \$820.89 for sewage disposal.

TABLE 5. — *Expenses for Maintenance, etc. — Concluded.*

INSTITUTIONS.	TOTAL MAINTENANCE EXPENSES — CON.		MAINTENANCE APPROPRIATIONS.			Deficiencies.	Balance Reverting to State Treasury.	
	Net Expenses.	NET WEEKLY PER CAPITA.		Receipts of 1910.	In Addition to Such Receipts.			Total.
		1911.	Three Years' Average, 1908-10.					
The insane:—								
State hospitals:—								
Worcester,	\$296,393 72	\$4 1575	\$4 4064	\$73,487 19	\$229,512 81	\$303,000 00	\$67 06	
Taunton,	234,976 10	4 5369	4 6679	33,180 24	197,419 76	236,600 00	1 02	
Northampton,	176,009 53	3 8094	3 8238	51,389 19	128,610 81	180,000 00	908 16	
Danvers,	362,112 13	4 8158	4 0371	64,716 90	293,983 10	358,700 00	\$6,542 77	
Westborough,	286,880 74	4 8952	4 9864	78,259 94 ¹	210,740 06	289,000 00	128 71 ²	
Boston,	222,102 19	4 9781	—	27,717 03	195,882 97	223,600 00	—	
Totals and averages,	\$1,578,564 41	\$4 5397	\$4 3489 ³	\$334,750 49	\$1,256,149 51	\$1,590,900 00	\$6,671 48	
State asylums:—								
Worcester,	\$256,682 15	\$4 3606	\$4 2859	\$9,207 85	\$250,726 55	\$259,934 40	\$1,444 05	
Medfield,	336,542 16	3 7410	3 8094	9,327 68	329,412 32	338,740 00	31 66	
Gardner Colony,	124,776 17	3 6302	3 6136	2,612 64	125,387 36	128,000 00	1,769 65	
Totals and averages,	\$718,000 48	\$3 9193	\$3 9340	\$21,148 17	\$705,526 23	726,674 40	—	
Totals and averages, hospitals and asylums,	\$2,296,564 89	\$4 3256	\$4 1979 ³	\$355,898 66 ¹	\$1,961,675 74	\$2,317,574 40	\$6,671 48	
Miscellaneous:—								
Monson Hospital	\$187,458 43	\$4 3173	\$4 3136	\$14,721 20	\$174,478 80	\$189,200 00	\$3 84	
Foxborough Hospital,	97,532 93	4 9914	5 8206	8,120 75	91,179 25	99,300 00	26 50	
School for Feeble-minded at Waltham,	274,323 42 ⁴	3 8311	3 7893	20,469 04	259,351 85	279,820 89 ⁴	3,788 76	
Wrentham School,	61,573 94	4 5896	—	222 38	68,577 62	68,800 00	6,827 30	
Totals and averages,	\$620,948 72 ⁴	\$4 1958	—	\$43,533 37	\$593,587 52	\$637,120 89 ⁴	\$10,046 40	
Totals and averages, hospitals, asylums and miscellaneous,	\$2,917,513 61 ⁴	\$4 2973	—	\$399,432 03 ¹	\$2,555,263 26	\$2,954,695 29 ⁴	\$14,886 08	
Mental wards, State Infirmary,	\$132,527 05	\$3 4255	—	\$1,263 42	\$131,919 67	\$133,183 09	\$226 47	
Bridgewater Hospital,	90,132 84	2 3679	—	1,709 60	89,377 62	91,087 22	20	
Totals and averages,	\$222,659 89	\$2 9010	—	\$2,973 02	\$221,297 29	\$224,270 31	\$226 67	
Aggregates,	\$3,140,173 50 ⁴	\$4 1555	—	\$402,405 05 ¹	\$2,776,560 55	\$3,178,965 60 ⁴	\$15,112 75	

¹ Includes \$1,220.84 collected by Attorney-General.² Bill of 1910 paid in 1911.³ Exclusive of Boston.⁴ Includes \$820.89 for sewage disposal.

TABLE 6. — *Whole Weekly Per Capita Cost of Support of a Patient in the Institutions for the Insane, Feeble-minded, Epileptic and Inebriate, for the Fiscal Year ending Nov. 30, 1911.*

INSTITUTIONS.	Average Number of Patients, 1911.	Total Real and Personal Property.	Per Capita Valuation.	WEEKLY PER CAPITA COST.				Receipts.	Net Cost.
				Interest 3.49 Per Cent.	Depreciation.	Maintenance, exclusive of Repairs and Improvements.	Gross Cost.		
The insane: —									
State hospitals: —									
Worcester,	1,371	\$2,126,778 56	\$1,551 26	\$1 04	\$0 58	\$3 67	\$5 29	\$0 96	\$4 33
Taunton,	996	875,199 62	1,878 71	59	31	4 26	5 16	77	4 39
Northampton,	889	913,181 30	1,027 20	69	39	3 48	4 56	1 11	3 45
Danvers,	1,446	1,842,143 32	1,273 96	85	1 12	3 73	5 70	84	3 73
Westborough,	1,127	1,088,263 83	965 63	65	25	4 68	5 58	1 43	4 15
Boston,	838	1,814,550 93	2,114 86	1 42	42	4 59	6 43	64	5 79
Totals and averages,	6,637	\$8,660,116 66	\$1,295 07	\$0 87	\$0 56	\$4 03	\$5 46	\$0 96	\$4 50
State asylums: —									
Worcester,	1,132	\$1,202,350 92	\$1,062 15	\$0 71	\$0 36	\$4 03	\$5 10	\$0 16	\$4 94
Medfield,	1,730	1,751,792 73	1,012 60	68	25	3 52	4 45	14	4 31
Gardner Colony,	661	619,752 86	937 60	63	53	3 17	4 33	08	4 25
Totals and averages,	3,523	\$3,573,896 51	\$1,014 45	\$0 68	\$0 33	\$3 62	\$4 63	\$0 14	\$4 49
Totals and averages, hospitals and asylums,	10,210	\$12,234,013 17	\$1,198 24	\$0 80	\$0 48	\$3 89	\$5 17	\$0 68	\$4 49
Miscellaneous: —									
Monson Hospital,	825	\$833,674 32	\$908 41	\$0 67	\$0 37	\$4 00	\$5 04	\$0 29	\$4 75
Foxborough Hospital,	376	491,460 17	1,120 90	75	46	4 62	5 83	34	5 49
School for Feeble-minded at Waltham,	1,377	985,736 04	723 12	48	38	3 47	4 33	34	3 99
Wrentham School,	238	367,124 26	1,422 96	95	49	4 12	5 86	05	5 51
Totals and averages,	2,846	\$2,617,994 79	\$919 88	\$0 62	\$0 40	\$3 84	\$4 86	\$0 30	\$4 56
Totals and averages, hospitals, asylums and miscellaneous,	13,056	\$14,852,007 96	\$1,137 56	\$0 76	\$0 46	\$3 88	\$5 10	\$0 60	\$4 50
Mental wards, State Infirmary,	744	\$518,086 85	\$696 31	\$0 47	\$0 35	\$3 09	\$3 91	\$0 07	\$3 84
Bridgewater Hospital,	732	443,996 01	606 35	41	16	2 23	2 80	04	2 76
Totals and averages,	1,476	\$932,082 86	\$651 80	\$0 44	\$0 25	\$2 66	\$3 35	\$0 05	\$3 30
Aggregates,	14,532	\$15,814,060 82	\$1,088 22	\$0 73	\$0 44	\$3 76	\$4 93	\$0 54	\$4 39

: Pro Rata.

TABLE 7. — *Receipts and Expenses on Account of Institutions for the Insane, Feeble-minded, Epileptic and Inebriate for the Fiscal Year ending Nov. 30, 1911.*

	EXPENSES.				Total Receipts.	Net Expenses.
	Increasing Value of Plant.	Which counterbalance Depreciation.	Maintenance exclusive of Repairs and Improvements.	Total Expenses.		
State Board of Insanity:—						
Office, travelling and contingent expenses, salaries, and printing	.	.	.			
annual report,	—	—	\$44,864 07	\$44,864 07	—	\$44,864 07
Transportation and deportation of patients, etc.,	—	—	10,214 82	10,214 82	\$75 76 ¹	10,139 06
Pathological investigation,	—	—	1,906 39	1,906 39	—	1,906 39
Instruction in Industries,	—	—	109 08	109 08	—	109 08
Totals,	—	—	\$57,094 36	\$57,094 36	\$75 76	\$57,018 60
The insane:—						
State hospitals:—						
Worcester,	—	\$41,452 42	\$259,618 01	\$301,070 43	\$68,598 59	\$232,471 84
Taunton,	—	15,969 13	220,025 51	277,277 61	39,877 41	237,400 20
Northampton,	\$41,282 97	18,017 76	160,757 09	184,570 78	51,245 96	133,324 82
Danvers,	5,795 93	84,424 21	280,746 38	368,604 39	63,190 32	305,414 07
Westborough,	3,433 80	14,884 26	270,121 79	333,598 46	83,863 68	249,734 78
Boston,	48,592 41	18,970 80	204,611 12	763,532 98	28,641 20	734,891 78
Totals,	\$639,056 17	\$103,718 58	\$1,395,879 90	\$2,228,654 65	\$335,417 16	\$1,893,237 49
State asylums:—						
Worcester,	\$38,412 14	\$21,189 01	\$237,301 34	\$296,902 49	\$9,686 67	\$287,215 82
Medfield,	29,471 35	22,196 41	316,511 93	368,179 69	12,580 80	355,628 89
Gardner Colony,	4,695 79	18,181 34	109,044 43	131,921 56	2,681 46	129,240 10
Totals,	\$72,579 28	\$61,566 76	\$662,857 70	\$797,003 74	\$24,918 93	\$772,084 81
Totals, hospitals and asylums,	\$711,635 45	\$255,285 34	\$2,058,737 60	\$3,025,658 39	\$360,336 09	\$2,665,322 30

¹ Includes \$53.58 interest on bank account.

TABLE 7. — *Receipts and Expenses, etc.* — Concluded.

	EXPENSES.				Total Receipts.	Net Expenses.
	Increase- ing Value of Plant.	Which counterbalance Depreciation.	Maintenance exclusive of Repairs and Improvements.	Total Expenses.		
Miscellaneous: —						
Mental wards, State Infirmary,	—	\$13,415 52	\$119,541 10	\$132,956 62	\$2,647 57	\$130,309 05
Bridevater Hospital (Insane),	\$28,696 29	6,204 14	84,882 87	119,783 30	1,365 18	118,418 12
Monson Hospital (Insane),	7,253 08	7,354 57	80,138 22	94,745 87	5,736 59	89,009 28
Foxborough Hospital (Insane),	—	5,121 22	51,380 19	56,501 41	3,397 08	53,104 33
Totals,	\$35,949 37	\$32,095 45	\$335,942 38	\$403,987 20	\$13,146 42	\$390,840 78
Totals, institutions for the insane,	\$747,584 82	\$287,380 79	\$2,394,679 98	\$3,429,645 59	\$373,482 51	\$3,056,163 08
Family care,	—	—	38,244 83	38,244 83	1,330 23	36,914 60
Totals for the insane,	\$747,584 82	\$287,380 79	\$2,432,924 81	\$3,467,890 42	\$374,812 74	\$3,093,077 68
Feeble-minded: —						
School for the Feeble-minded at Waltham,	—	\$27,203 07	\$248,829 06	\$276,032 13 ¹	\$24,646 86	\$251,385 27
Wrentham School,	\$59,091 14	6,643 05	55,329 65	121,063 84	670 46	120,393 38
Totals for feeble-minded,	\$59,091 14	\$33,846 12	\$304,158 71	\$397,095 97 ¹	\$25,317 32	\$371,778 65
Epileptic: —						
Monson Hospital (Sane),	\$8,477 62	\$8,596 24	\$93,668 05	\$110,741 91	\$7,063 07	\$103,678 84
Hospital Cottages for Children,	—	—	11,605 20	11,605 20	228 58	11,376 62
Totals for epileptic,	\$8,477 62	\$8,596 24	\$105,273 25	\$122,347 11	\$7,291 65	\$115,055 46
Inebriates: —						
Foxborough Hospital,	—	\$3,876 81	\$38,895 28	\$42,772 09	\$3,261 90	\$39,510 19
Insane hospitals,	—	—	6,978 68	6,978 68	—	6,978 68
Totals for the inebriate,	—	\$3,876 81	\$45,873 96	\$49,750 77	\$3,261 90	\$46,488 87
Aggregates,	\$815,153 58	\$333,699 96	\$2,045,325 09	\$4,094,178 63 ¹	\$410,759 37	\$3,683,419 26

¹ Includes \$820.89 sewage disposal.

TABLE 8. — *General Statement as to Special Appropriations.*

INSTITUTIONS.	Balance brought forward from Previous Years.	New Appropriation.	Total of Live Appropriations.	Land.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1911.		
					FOR CONSTRUCTION.		
					BUILDINGS FOR PATIENTS.		BUILDINGS FOR NURSES.
					New and Additions.	Repairs.	New and Additions.
The insane:—							
State hospitals:—							
Worcester,	—	\$12,100 00	\$12,100 00	—	—	—	—
Taunton,	\$84,300 00	—	84,300 00	—	\$33,564 53	—	—
Northampton,	17,500 00	46,925 00	64,425 00	—	—	—	—
Danvers,	11,000 00	—	11,000 00	—	—	—	—
Westborough,	127,000 00	18,900 00	145,900 00	—	38,703 51	—	—
Boston,	958,000 00	250,000 00	1,208,000 00	\$5,375 13 ¹	495,957 24	—	—
Totals,	\$1,197,800 00	\$327,925 00	\$1,525,725 00	\$5,375 13	\$568,225 28	—	—
State asylums:—							
Worcester,	\$120,700 00	\$88,400 00	\$209,100 00	—	\$20,437 66	—	\$1,585 45
Medfield,	57,500 00	—	57,500 00	—	—	—	—
Gardner Colony,	16,350 00	21,400 00	37,750 00	\$200 00	781 94	—	3,067 97
Totals,	\$194,550 00	\$109,800 00	\$304,350 00	\$200 00	\$21,269 60	—	\$4,653 42
Totals, hospitals and asylums,	\$1,392,350 00	\$437,725 00	\$1,830,075 00	\$5,575 13	\$589,494 88	—	\$4,653 42
Miscellaneous:—							
Monson Hospital,	\$129,900 00	\$18,000 00	\$147,900 00	—	\$2,586 58	—	—
Foxborough Hospital,	150,000 00	—	150,000 00	—	—	—	—
School for Feeble-minded at Waltham,	—	15,000 00	15,000 00	—	—	—	—
Wrentham School,	304,500 00	13,000 00	317,500 00	\$414 97	39,437 47	\$35 70	\$5,852 98
Totals,	\$584,400 00	\$46,000 00	\$630,400 00	\$414 97	\$42,024 05	\$35 70	\$5,852 98
Totals, hospitals, asylums and miscellaneous,	\$1,976,750 00	\$483,725 00	\$2,460,475 00	\$5,990 10	\$631,518 93	\$35 70	\$10,506 40
Mental wards, State Infirmary,	—	—	—	—	—	—	—
Bridgewater Hospital,	\$105,000 00	—	\$105,000 00	—	\$28,177 92	—	\$518 37
Totals,	\$105,000 00	—	\$105,000 00	—	\$28,177 92	—	\$518 37
Aggregates,	\$2,081,750 00	\$483,725 00	\$2,565,475 00	\$5,990 10	\$659,696 85	\$35 70	\$11,024 77

¹ Disbursed by State Board of Insanity.

TABLE 8. — *General Statement as to Special Appropriations* — Continued.

EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1911 — CON.											
INSTITUTIONS.	FOR CONSTRUCTION — CON.						FOR FURNISHING AND EQUIPPING.				
	BUILDINGS FOR FARM, STABLE AND GROUNDS.			ALL OTHER BUILDINGS.			TOTAL BUILDINGS.				
	New and Additions.	Repairs.		New and Additions.	Repairs.		New and Additions.	Repairs.			
The insane: —											
State hospitals: —											
Worcester,	—	—		—	—		—	—		—	
Taunton,	\$2,312 53	—		—	—		\$35,877 06	—		\$5,149 52	
Northampton,	—	—		\$5,640 93	—		5,640 93	—		—	
Danvers,	—	—		3,433 80	—		3,433 80	—		—	
Westborough,	—	—		—	—		38,703 51	—		6,023 55	
Boston,	—	—		32,772 44	—		528,729 68	—		2,204 50	
Totals,	\$2,312 53	—		\$41,847 17	—		\$612,384 98	—		\$13,377 57	
State asylums: —											
Worcester,	—	—		\$12,167 68	—		\$34,240 79	—		—	
Medford,	—	—		27,029 59	—		27,029 59	—		—	
Gardner Colony,	—	—		—	\$995 42		3,849 91	\$995 42		—	
Totals,	—	—		\$39,197 27	\$995 42		\$65,120 29	\$995 42		—	
Totals, hospitals and asylums,	\$2,312 53	—		\$81,044 44	\$995 42		\$677,505 27	\$995 42		\$13,377 57	
Miscellaneous: —											
Monson Hospital,	—	—		—	—		—	—		—	
Foxborough Hospital,	—	—		—	—		—	—		—	
School for Feeble-minded at Waltham,	—	—		—	—		—	—		—	
Wrentham School,	\$405 81	—		162 68	\$35 84		45,858 94	\$71 54		\$2,688 48	
Totals,	\$405 81	—		\$8,243 30	\$35 84		\$56,526 14	\$71 54		\$2,688 48	
Totals, hospitals, asylums and miscellaneous,	\$2,718 34	—		\$89,287 74	\$1,031 26		\$734,031 41	\$1,066 96		\$16,066 05	
Mental wards, State Infirmary,	—	—		—	—		—	—		—	
Bridgewater Hospital,	—	—		—	—		\$28,696 29	—		—	
Totals,	—	—		—	—		\$28,696 29	—		—	
Aggregates,	\$2,718 34	—		\$89,287 74	\$1,031 26		\$762,727 70	\$1,066 96		\$16,066 05	

TABLE 8. — *General Statement as to Special Appropriations* — Continued.

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1911 — Con.					
	FOR FURNISHING AND EQUIPPING — Con.					
	FOR NURSES.		FOR FARM, STABLE AND GROUNDS.		FOR ALL OTHER PURPOSES.	
	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.
The insane: —						
State hospitals: —						
Worcester,	—	—	—	—	—	—
Taunton,	—	—	—	—	—	—
Northampton,	—	—	—	—	\$75 00	—
Danvers,	—	—	—	—	—	—
Westborough,	—	—	—	—	—	—
Boston,	—	—	—	—	3,641 75	—
Totals,	—	—	—	—	\$3,716 75	—
State asylums: —						
Worcester,	—	—	—	—	—	—
Medfield,	—	—	—	—	\$1,650 57	—
Gardner Colony,	\$201 88	—	—	—	—	—
Totals,	\$201 88	—	—	—	\$1,650 57	—
Totals, hospitals and asylums,	\$201 88	—	—	—	\$5,367 32	—
Miscellaneous: —						
Monson Hospital,	—	—	—	—	—	—
Foxborough Hospital,	—	—	—	—	—	—
School for Feeble-minded at Waltham,	—	—	—	—	—	—
Wrentham School,	\$1,120 36	—	—	—	—	—
Totals,	\$1,120 36	—	—	—	\$1,287 52	—
Totals, hospitals, asylums and miscellaneous,	\$1,322 24	—	—	—	\$1,287 52	—
Mental wards, State Infirmary,	—	—	—	—	\$6,654 84	—
Bridgewater Hospital,	—	—	—	—	—	—
Totals,	—	—	—	—	—	—
Aggregates,	\$1,322 24	—	\$120 56	—	\$6,654 84	—

TABLE 8. — *General Statement as to Special Appropriations — Continued.*

EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1911.— CON.											
INSTITUTIONS.				FOR BETTERMENTS.							
For FURNISHING AND EQUIP- PING — CON.				TOTALS.		WATER SUPPLY, EXCLUSIVE OF PLUMBING IN BUILDINGS.		SEWERAGE, EXCLUSIVE OF PLUMBING IN BUILDINGS.		HEATING, EXCLU- SIVE OF APPURTENANCES IN BUILDINGS.	
				First Furnishing and Equipping.	Repairs and Renewal.	Extension.	Repairs.	Extension.	Repairs.	Extension.	Repairs.
The insane: —				—	—	—	—	—	—	—	—
State hospitals: —											
Worcester,				—	—	—	—	—	—	—	—
Taunton,				\$5,149 52	—	—	—	\$256 39	—	—	—
Northampton,				75 00	—	\$80 00	—	—	—	—	—
Danvers,				—	—	—	—	—	—	—	—
Westborough,				6,023 55	—	—	—	3,865 35	—	—	—
Boston,				5,846 25	—	—	—	—	—	—	—
Totals,				\$17,094 32	—	\$80 00	—	\$4,121 74	—	—	—
State asylums:											
Worcester,				\$1,650 57	—	\$142 00	—	—	—	\$602 70	—
Medfield,				—	—	2,441 76	—	—	—	—	—
Gardner Colony,				201 88	—	444 00	—	—	—	—	—
Totals,				\$1,852 45	—	\$3,027 76	—	—	—	\$602 70	—
Totals, hospitals and asylums,				\$18,946 77	—	\$3,107 76	—	\$4,121 74	—	\$602 70	—
Miscellaneous: —											
Monson Hospital,				—	—	—	—	—	—	—	—
Foxborough Hospital,				—	—	—	—	\$5,063 50	—	—	—
School for Feeble-minded at Waltham,				—	—	—	—	—	—	—	—
Wrentham School,				\$5,216 92	—	—	—	6,337 61	—	\$861 99	—
Totals,				\$5,216 92	—	—	—	\$11,401 11	—	\$861 99	—
Totals, hospitals, asylums and miscellaneous,				\$24,163 69	—	\$3,107 76	—	\$15,522 85	—	\$1,464 69	—
Mental wards, State Infirmary,				—	—	—	—	—	—	—	—
Bridgewater Hospital,				—	—	—	—	—	—	—	—
Totals,				—	—	—	—	—	—	—	—
Aggregates,				\$24,163 69	—	\$3,107 76	—	\$15,522 85	—	\$1,464 69	—

TABLE 8. — *General Statement as to Special Appropriations — Concluded.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1911 — Con.					Total Expenditures to Date.	Balance at End of Current Fiscal Year.	Reverted Balances.
	TOTAL EXPENDITURES.							
	MISCELLANEOUS.		Repairs and Renewals.	Total Expenditures during Fiscal Year.				
	Adding to Original Value.	Repairs and Renewals.						
The insane:—								
State hospitals:—								
Worcester,	—	—	—	\$41,282 97	—	\$57,368 51	\$12,100 00	—
Taunton,	—	—	—	5,795 93	—	23,209 09	26,931 49	—
Northampton,	—	—	—	3,433 80	—	11,000 00	41,209 07	\$6 84
Danvers,	—	—	—	48,592 41	—	129,518 82	16,379 49	1 69
Westborough,	—	—	—	539,951 06	—	655,475 71	552,524 29	—
Boston,	—	—	—	—	—	—	—	—
Totals,	—	—	—	\$639,056 17	—	\$876,572 13	\$649,144 34	\$8 53
State asylums:—								
Worcester,	\$1,776 08	—	—	\$38,412 14	—	\$109,427 49	\$99,669 95	\$2 56
Medfield,	—	—	—	29,471 35	—	52,974 62	4,388 19	137 19
Gardner Colony,	—	—	—	4,695 79	\$995 42	18,972 36	18,769 01	8 63
Totals,	\$1,776 08	—	—	\$72,579 28	\$995 42	\$181,374 47	\$122,827 15	\$148 38
Totals, hospitals and asylums,	\$1,776 08	—	—	\$711,635 45	\$995 42	\$1,037,946 60	\$771,971 49	\$156 91
Miscellaneous:—								
Monson Hospital,	—	\$560 92	—	\$15,730 70	\$560 92	\$132,189 87	\$15,710 13	—
Foxborough Hospital,	—	—	—	—	—	99,418 13	581 87	\$50,000 00 ¹
School for Feeble-minded at Waltham,	—	—	—	—	—	295,774 82	21,707 15	18 03
Wrentham School,	\$400 71	—	—	59,091 14	71 54	—	—	—
Totals,	\$400 71	\$560 92	—	\$74,821 84	\$632 46	\$527,382 82	\$52,999 15	\$50,018 03
Totals, hospitals, asylums and miscellaneous,	\$2,176 79	\$560 92	—	\$786,457 29	\$1,627 88	\$1,585,329 42	\$824,970 64	\$50,174 94
Mental wards, State Infirmary,	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	\$28,696 29	—	\$74,517 29	\$30,482 70	\$0 01
Totals,	—	—	—	\$28,696 29	—	\$74,517 29	\$30,482 70	\$0 01
Aggregates,	\$2,176 79	\$560 92	—	\$815,153 58	\$1,627 88	\$1,659,846 71	\$855,453 34	\$50,174 95

¹ Transferred to appropriation for new hospital for dipsomaniacs.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments.*

INSTITUTIONS.	MEDICAL SERVICE.						WARD SERVICE.			
	AVERAGE NUMBER PERSONS.			AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		Full Roster Males.	AVERAGE NUMBER PERSONS, MALES.	
	Full Roster.	In Service, 1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.			
The insane: —										
State hospitals: —										
Worcester,	15	11.92	11.83	\$95.39	\$84.90	\$0.1914	\$0.1826	90	76.19	61.93
Taunton,	12	11.78	11.91	79.21	72.86	0.2162	0.2088	60	60.41	59.42
Northampton,	7	5.88	5.93	109.26	111.64	0.1668	0.1827	45	38.25	34.27
Danvers,	15	13.42	13.16	80.36	79.93	0.1721	0.1724	70	58.33	55.79
Westborough,	15	15.38	12.62	85.01	89.24	0.2677	0.2645	76	71.70	55.31
Boston,	12	11.33	—	88.53	—	0.2698	—	51	50.18	—
Totals and averages,	76	69.71	55.45 ¹	\$87.53	\$84.94 ¹	\$0.2106	\$0.1994 ¹	392	355.06	266.72 ¹
State asylums: —										
Worcester,	9	8.72	8.70	\$87.45	\$81.05	\$0.1555	\$0.1528	57	59.18	52.43
Medfield,	6	5.93	6.24	108.49	108.65	0.0865	0.0988	63	62.60	58.41
Gardner Colony,	3	2.83	2.82	129.94	131.14	0.1284	0.1510	40	32.86	31.93
Totals and averages,	18	17.48	17.76	\$98.71	\$98.71	\$0.1165	\$0.1258	160	154.64	142.77
Totals and averages, hospitals and asylums,	94	87.19	73.21 ¹	\$90.38	\$88.47 ¹	\$0.1781	\$0.1721 ¹	552	509.70	409.49 ¹
Miscellaneous: —										
Monson Hospital,	6	5.73	5.32	\$112.23	\$114.75	\$0.1777	\$0.2008	47	40.24	42.35
Foxborough Hospital,	5	5.00	4.41	110.67	109.20	0.3396	0.3590	22	21.45	21.78
School for feeble-minded at Waltham,	7	5.16	5.11	145.54	129.34	0.1259	0.1184	21	23.40	24.96
Wrentham School,	3	2.06	—	152.52	—	0.2810	—	3	8.35	—
Totals and averages,	21	17.95	—	\$125.99	—	\$0.1834	—	93	88.44	—
Totals and averages, hospitals, asylums and miscellaneous,	115	105.14	—	\$96.46	—	\$0.1793	—	645	598.14	—

¹ Exclusive of Boston.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

WARD SERVICE — CON.									
INSTITUTIONS.				NUMBER OF PATIENTS TO ONE NURSE.					
AVERAGE NUMBER PERSONS, FEMALES.		Full Roster Totals.	AVERAGE NUMBER PERSONS, TOTALS.		MALES.		FEMALES.		TOTALS.
In Service, 1911.	Average Three Years, 1908-10.		In Service 1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	
The insane: —									
State hospitals: —									
Worcester,	88.99	71.36	190	165.18	133.29	9.01	10.37	7.68	8.81
Taunton,	64.56	68.62	128	124.97	128.04	8.85	8.78	7.14	6.37
Northampton,	35.91	36.21	95	74.16	70.48	11.79	12.44	12.20	11.99
Danvers,	80.15	72.85	159	138.48	128.64	10.67	10.78	10.27	11.08
Westborough,	99.19	90.77	181	170.89	146.08	6.30	6.91	6.81	6.63
Boston,	89.62	—	137	139.80	—	7.15	—	5.57	—
Totals and averages,	458.42	339.81	890	813.48	606.53	8.75	9.64	7.81	8.47
State asylums: —									
Worcester,	65.39	54.76	127	124.57	107.19	8.87	9.67	9.28	10.54
Medfield,	107.48	104.04	172	170.08	162.45	11.49	10.70	9.40	9.74
Gardner Colony,	16.27	15.58	60	49.13	47.51	12.98	11.77	14.39	12.21
Totals and averages,	189.14	174.38	359	343.78	317.15	10.81	10.52	9.79	9.86
Totals and averages, hospitals and asylums,	647.56	514.19	1,249	1,157.26	923.68	9.37	9.94	8.39	8.94
Miscellaneous: —									
Monson Hospital,	45.16	37.39	106	85.40	79.74	9.21	8.63	10.29	8.99
Foxborough Hospital,	59	—	23	22.04	21.78	17.54	14.24	—	—
School for Feeble-minded at Waltham,	133.66	125.71	161	157.06	150.67	7.95	8.78	8.91	9.69
Wrentham School,	21.82	—	26	25.17	—	17.31	—	9.16	—
Totals and averages,	201.23	—	316	289.67	—	11.20	—	9.22	—
Totals and averages, hospitals, asylums and miscellaneous,	848.79	—	1,565	1,446.93	—	9.64	—	8.59	—

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments* — Continued.

INSTITUTIONS.	WARD SERVICE — CON.										GENERAL ADMINISTRATION.	
	AVERAGE MONTHLY COMPENSATION.										AVERAGE NUMBER PERSONS.	
	MALES.					FEMALES.					Full Roster.	In Service, 1911.
	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	TOTALS.	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	Average Weekly Per Capita Cost.		
The insane: —												
State hospitals: —												
Worcester,	\$26 44	\$26 39	\$22 63	\$22 93	\$24 39	\$24 39	\$24 53	\$0 6781	\$0 5051		79	76 71
Taunton,	29 47	29 17	23 94	24 22	26 61	26 61	26 51	0 7705	0 8170		82	78 12
Northampton,	30 25	28 93	26 94	25 29	28 64	28 64	27 04	0 5514	0 5969		43	41 18
Danvers,	28 80	28 11	23 96	23 94	26 00	26 00	25 75	0 5747	0 5434		78	72 61
Westborough,	28 54	28 69	22 99	22 78	25 32	25 32	25 01	0 8861	0 8604		103	90 20
Boston,	29 35	—	24 32	—	26 13	26 13	—	0 9824	—		57	54 86
Totals and averages,	\$28 59	\$28 17 ¹	\$23 79	\$23 61 ¹	\$25 89	\$25 89	\$25 62 ¹	\$0 7267	\$0 6578 ¹		442	413.68
State asylums: —												
Worcester,	\$26 51	\$26 16	\$24 24	\$22 45	\$25 32	\$25 32	\$24 27	\$0 6430	\$0 5608		89	88.02
Medfield,	30 04	30 28	24 69	24 79	26 66	26 66	26 76	0 6049	0 6340		127	123.54
Gardner Colony,	28 34	27 34	19 71	20 61	25 48	25 48	25 12	0 4371	0 4877		49	45 57
Totals and averages,	\$28 33	\$28 11	\$24 11	\$23 68	\$26 01	\$26 01	\$25 67	\$0 5857	\$0 5841		265	257.13
Totals and averages, hospitals and asylums,	\$28 51	\$28 14 ¹	\$23 89	\$23 64 ¹	\$25 92	\$25 92	\$25 64 ¹	\$0 6781	\$0 6305 ¹		707	670.81
Miscellaneous: —												
Monson Hospital,	\$35 34	\$31 06	\$27 42	\$26 28	\$31 15	\$31 15	\$28 80	\$0 7353	\$0 7561		67	56.70
Foxborough Hospital,	32 11	30 73	24 36	—	31 90	31 90	30 73	0 4316	0 5012		38	37.04
School for Feeble-minded at Waltham,	31 97	30 15	26 27	24 77	27 12	27 12	25 65	0 7140	0 6923		60	54.57
Wrentham School,	31 48	—	25 15	—	25 99	25 99	—	0 5852	—		18	17.39
Totals and averages,	\$33 52	—	\$26 40	—	\$28 58	\$28 58	—	\$0 6712	—		183	165.70
Totals and averages, hospitals, asylums and miscellaneous,	\$29 25	—	\$24 48	—	\$26 45	\$26 45	—	\$0 6766	—		890	836.51

¹ Exclusive of Boston.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	GENERAL ADMINISTRATION — COD.				REPAIRS AND IMPROVEMENTS.					
	AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		Full Roster.	AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.
	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.		In Service, 1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	
The insane:—										
State hospitals:—										
Worcester,	\$31 26	\$31 09	\$0.4036	\$0.4078	16	17.74	13.47	\$95 87	\$89 62	\$0.2863
Taunton,	33 28	32 09	0.6024	0.6128	9	7.13	5.01	74 96	52 30	0.1238
Northampton,	35 18	33 53	0.3760	0.3964	8	7.14	7.11	77 51	67 75	0.1437
Danvers,	40 55	39 53	0.4699	0.4320	30	38.45	18.69	91 56	76 35	0.2362
Westborough,	37 54	35 79	0.6934	0.6985	10	4.53	5.97	92 74	91 26	0.0560
Boston,	47 93	—	0.7072	—	8	8.69	—	71 79	—	0.1678
Totals and averages,	\$37 24	\$34 37 ¹	\$0.5317	\$0.5003 ¹	81	83.68	50.25 ¹	\$87 87	\$80 68 ¹	\$0.1717 ¹
State asylums:—										
Worcester,	\$32 20	\$35 95	\$0.5779	\$0.5210	17	5.92	13.72	\$151 99	\$80 72	\$0.1834
Medfield,	30 94	30 89	0.5098	0.5425	16	13.67	13.99	72 31	72 29	0.1476
Gardner Colony,	33 56	32 69	0.5538	0.4760	8	5.88	3.92	81 81	73 06	0.1079
Totals and averages,	\$31 83	\$32 42	\$0.5362	\$0.5238	41	25.47	31.63	\$93 02	\$76 07	\$0.1552
Totals and averages, hospitals and asylums,	\$35 17	\$33 57 ¹	\$0.5332	\$0.5090 ¹	122	109.15	81.88 ¹	\$89 07	\$78 96 ¹	\$0.1719
Miscellaneous:—										
Monson Hospital,	\$36 85	\$33 12	\$0.5775	\$0.5158	6	4.75	4.48	\$79 61	\$76 05	\$0.1045
Foxborough Hospital,	32 70	31 75	0.7434	0.8488	10	8.04	5.16	36 64	27 08	0.1808
School for Feeble-minded at Waltham,	35 82	34 49	0.3276	0.3270	10	8.17	8.21	115 73	101 98	0.1585
Wrentham School,	37 00	—	0.5755	—	3	2.52	—	98 85	—	0.2228
Totals and averages,	\$35 60	—	\$0.4783	—	29	23.48	—	\$79 53	—	\$0.1514
Totals and averages, hospitals, asylums and miscellaneous,	\$35 26	—	\$0.5213	—	151	132.63	—	\$87 39	—	\$0.2048

¹ Exclusive of Boston.

TABLE 9. — Comparative Analysis of Pay Roll, by Departments — Continued.

INSTITUTIONS.	FARM, STABLE AND GROUNDS.						
	Full Roster.	AVERAGE NUMBER OF PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.	
		In Service, 1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.
The insane:—							
State hospitals:—							
Worcester,	47	45.74	43.14	\$31 14	\$29 24	\$0.2397	\$0.2295
Taunton,	19	18.99	17.68	39 50	33 68	0.1738	0.1645
Northampton,	21	20.02	19.54	40 12	40 07	0.2085	0.2166
Danvers,	29	27.14	29.01	42 71	38 43	0.1850	0.1827
Westborough,	31	28.52	27.73	33 15	32 25	0.1936	0.2113
Boston,	20	22.19	—	36 52	—	0.2180	—
Totals and averages,	167	162.60	137.10 ¹	\$36 24	\$34 54 ¹	\$0.2033	\$0.2006 ¹
State asylums:—							
Worcester,	48	44.26	41.14	\$31 97	\$30 54	\$0.2885	\$0.2730
Medfield,	35	34.72	34.75	30 81	30 15	0.1427	0.1529
Gardner Colony,	7	6.67	5.78	45 72	47 44	0.1065	0.1121
Totals and averages,	90	85.65	81.67	\$32 57	\$31 56	\$0.1827	\$0.1852
Totals and averages, hospitals and asylums,	257	248.25	218.77 ¹	\$34 97	\$33 43 ¹	\$0.1962	\$0.1949 ¹
Miscellaneous:—							
Monson Hospital,	20	20.45	20.96	\$39 55	\$37 78	\$0.2235	\$0.2599
Foxborough Hospital,	11	10.26	9.15	30 39	28 82	0.1914	0.1966
School for Feeble-minded at Waltham,	36	31.66	31.81	36 06	31 37	0.1913	0.1770
Wrentham School,	6	7.90	—	41 07	—	0.2903	—
Totals and averages,	73	70.27	—	\$36 81	—	\$0.2098	—
Totals and averages, hospitals, asylums and miscellaneous,	330	318.52	—	\$35 38	—	\$0.1992	—

¹ Exclusive of Boston.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments* — Concluded.

ALL PERSONS EMPLOYED.									
Full Roster.		AVERAGE NUMBER OF PERSONS.		NUMBER OF PERSONS TO ONE EMPLOYEE.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.	
		In Service, 1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.	1911.	Average Three Years, 1908-10.
The insane:—									
State hospitals:—									
	Worcester,	347	273.97	4.32	4.63	\$33.69	\$32.79	\$1.7991	\$1.6349
	Taunton,	280	242.04	4.13	3.96	33.79	32.56	1.8867	1.8965
	Northampton,	174	145.87	5.99	5.73	37.55	36.11	1.4494	1.4556
	Danvers,	311	256.15	4.98	5.50	42.41	37.29	1.9636	1.5667
	Westborough,	340	309.52	3.64	3.56	33.56	33.36	2.1268	2.1631
	Boston,	234	—	3.62	—	36.65	—	2.3452	—
Totals and averages,		1,656	1,193.15 ¹	4.33	4.57 ¹	\$36.17	\$34.24 ¹	\$1.9261	\$1.7298 ¹
State asylums:—									
	Worcester,	290	240.14	4.17	4.50	\$33.39	\$33.91	\$1.8483	\$1.7459
	Medfield,	356	337.71	4.97	4.68	31.80	31.97	1.4758	1.5758
	Gardner Colony,	127	95.72	6.00	5.91	35.74	34.37	1.3737	1.3434
Totals and averages,		773	673.57	4.83	4.78	\$32.99	\$32.94	\$1.5763	\$1.5915
Totals and averages, hospitals and asylums,		2,429	1,866.72	4.49	4.64 ¹	\$35.15	\$33.76 ¹	\$1.8054	\$1.6784 ¹
Miscellaneous:—									
	Monson Hospital,	205	157.85	4.83	4.44	\$38.03	\$35.52	\$1.8185	\$1.8447
	Foxborough Hospital,	87	75.76	4.57	4.10	37.32	35.61	1.8868	2.0103
	School for Feeble-minded at Waltham,	274	248.75	5.36	5.18	35.28	32.89	1.5173	1.4646
	Wrentham School,	56	—	4.69	—	39.71	—	1.9548	—
Totals and averages,		622	—	5.02	—	\$36.84	—	\$1.6941	—
Totals and averages, hospitals, asylums and miscellaneous,		3,051	—	4.60	—	\$35.49	—	\$1.7812	—

¹ Exclusive of Boston.

GENERAL STATISTICS.

TABLE 10. — *Statistical Form for State Institutions. — Prepared in Accordance with a Resolution of the National Conference of Charities and Corrections, adopted May 15, 1906.*

INSTITUTIONS.	SUPERINTENDENTS.	POPULATION.								
		NUMBER OF INMATES PRESENT AT BEGINNING OF FISCAL YEAR.			NUMBER RECEIVED DURING THE YEAR.			NUMBER DISCHARGED OR DIED DURING THE YEAR.		
		Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Worcester State Hospital,	Hosea M. Quinby, M.D.,	694	690	1,384	343	282	625	363	299	662
Taunton State Hospital,	Arthur V. Goss, M.D.,	540	471	1,011	299	215	514	306	240	546
Northampton State Hospital,	John A. Houston, M.D.,	434	421	855	219	211	430	204	183	387
Danvers State Hospital,	Harry W. Mitchell, M.D.,	627	856	1,483	334	331	665	343	359	702
Westborough State Hospital,	George S. Adams, M.D.,	405	636	1,041	315	451	766	267	411	678
Boston State Hospital,	Henry P. Frost, M.D.,	384	477	861	362	400	762	391	363	754
Worcester State Asylum,	Ernest V. Scribner, M.D.,	508	593	1,101	99	63	162	39	35	74
Medfield State Asylum,	Edward French, M.D.,	688	1,012	1,700	77	92	169	56	83	139
Gardner State Colony,	Chas. T. La Moure, M.D.,	418	207	625	35	45	80	24	7	31
Monson State Hospital,	Everett Flood, M.D.,	395	375	770	184	133	317	132	104	236
Foxborough State Hospital,	Irwin H. Neff, M.D.,	303	-	303	755	-	755	685	-	685
Massachusetts School for the Feeble- minded at Waltham.	Walter E. Fernald, M.D.,	801	552	1,353	179	85	264	167	75	242
Wrentham State School,	George L. Wallace, M.D.,	114	100	214	71	25	96	30	13	43
Totals,		6,311	4,390	10,701	3,272	2,333	5,605	3,007	2,172	5,179

TABLE 10. — *Statistical Form for State Institutions, etc. — Continued.*

INSTITUTIONS.	SUPERINTENDENTS.	POPULATION.											
		NUMBER AT END OF THE FISCAL YEAR.			DAILY AVERAGE ATTENDANCE DURING YEAR.			AVERAGE NUMBER OF OFFICERS AND EMPLOYEES DURING THE YEAR.					
		Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
Worcester State Hospital,	Hosea M. Quinby, M.D.,	674	673	1,347	689.83	686.36	1,376.19	162	155	317			
Taunton State Hospital,	Arthur V. Goss, M.D.,	533	446	979	533.67	468.88	1,002.55	126	115	241			
Northampton State Hospital,	John A. Houston, M.D.,	449	449	898	447.47	435.83	883.30	84	64	148			
Danvers State Hospital,	Harry W. Mitchell, M.D.,	618	828	1,446	662.692	829.788	1,452.48	169	121	290			
Westborough State Hospital,	George S. Adams, M.D.,	453	676	1,129	438.94	659.43	1,098.37	154	156	310			
Boston State Hospital,	Henry P. Frost, M.D.,	355	514	869	359.24	494.24	853.48	113	124	237			
Worcester State Asylum,	Ernest V. Scribner, M.D.,	568	621	1,189	514.65	601.31	1,115.96	147	124	271			
Medfield State Asylum,	Edward French, M.D.,	709	1,021	1,730	718.99	1,010.03	1,729.02	165	183	348			
Gardner State Colony,	Chas. T. La Moure, M.D.,	429	245	674	424.546	228.176	652.722	66	44	110			
Monson State Hospital,	Everett Flood, M.D.,	447	404	851	430.74	390.87	821.61	92	81	173			
Foxborough State Hospital,	Irwin H. Neff, M.D.,	373	-	373	378.45	-	378.45	75	7	82			
Massachusetts School for the Feeble-minded at Waltham.	Walter E. Fernald, M.D.,	813	562	1,375	819.00	551.00	1,370.00	81	176	257			
Wrentham State School,	George L. Wallace, M.D.,	155	112	267	143.61	106.17	249.78	21	34	55			
Totals,	.	6,576	6,551	13,127	6,521.828	6,462.084	12,983.912	1,455	1,384	2,839			

TABLE 10. — *Statistical Form for State Institutions, etc. — Concluded.*

INSTITUTIONS.	EXPENDED.						New Buildings, Permanent Improve-ments, Land, etc.	Grand Totals.
	CURRENT EXPENSES.							
	Salaries and Wages.	Clothing.	Subsistence.	Ordinary Repairs.	Office, Domestic and Outdoor Expenses.	Total.		
Worcester State Hospital,	\$128,263 01	\$8,700 26	\$74,895 96	\$21,043 40	\$70,030 31	\$302,932 94	-	\$302,932 94
Taunton State Hospital,	97,717 80	5,049 14	54,356 19	9,555 58	69,920 27	236,598 98	\$41,282 97	277,881 95
Northampton State Hospital,	66,863 64	5,671 40	48,617 14	11,376 42	46,563 24	179,091 84	5,795 93	184,887 77
Danvers State Hospital,	147,844 89	12,373 49	70,659 03	42,177 19	92,188 17	365,242 77	3,433 80	368,676 57
Westborough State Hospital,	124,638 59	7,410 27	68,781 56	9,842 73	78,455 56	289,128 71	48,592 41	337,721 12
Boston State Hospital,	104,631 59	6,240 91	47,058 86	11,484 55	54,166 01	223,581 92	539,951 06	763,532 98
Worcester State Asylum,	108,797 08	14,167 18	59,446 95	10,391 41	65,687 73	258,490 35	38,412 14	296,902 49
Medfield State Asylum,	132,765 83	21,921 66	94,047 31	10,334 29	79,639 25	338,708 34	29,471 35	368,179 69
Gardner State Colony,	47,218 20	8,057 78	21,226 27	11,413 29	38,314 81	126,230 35	5,691 21	131,921 56
Monson State Hospital,	78,957 78	5,074 39	45,904 22	10,852 00	48,407 77	189,196 16	16,291 62	205,487 78
Foxborough State Hospital,	36,891 67	4,116 86	20,693 03	5,462 65	32,109 29	99,273 50	-	99,273 50
Massachusetts School for the Feeble-minded at Wal- tham.	108,643 26	16,033 67	60,089 68	15,856 43	75,409 09	276,032 13	-	276,032 13
Wrentham State School,	26,226 35	3,532 19	10,822 44	3,582 36	17,809 36	61,972 70	59,162 68	121,135 38
Totals,	\$1,209,459 69	\$118,349 20	\$676,593 64	\$173,372 30	\$768,700 86	\$2,946,480 69	\$788,085 17	\$3,734,565 86

TABLE 11. — *Classes of Persons under Supervision, their Number and Location, Oct. 1, 1911, and their Increase for the Year.*

	NUMBER.		INCREASE FOR THE YEAR.		NON-RESIDENT.		EPILEPTIC.		CRIMINAL.	OTHER CLASSES.										TOTAL INMATES.							
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.		Totals.	VOLUNTARY.		TEMPORARY CARE.		INDEBTED.												
											Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.								
																						Males.	Females.	Totals.	Males.	Females.	Totals.
A — Insane: —																											
Public institutions: —																											
Worcester Hospital,	673	664	1,337	211	151	361	14	12	26	7	8	15	—	—	—	—	—	—	674	673	1,347						
Taunton Hospital,	533	440	973	71	281	351	10	10	20	6	6	12	—	—	—	—	—	—	533	446	979						
Northampton Hospital,	449	444	893	16	26	42	16	8	24	1	2	3	—	—	—	—	—	—	449	449	898						
Danvers Hospital,	618	826	1,444	81	221	301	8	11	19	6	6	12	—	—	—	—	—	—	618	828	1,446						
Westborough Hospital,	450	657	1,107	50	40	90	3	8	11	9	10	19	1	9	10	3	7	10	1,123	676	1,799						
Boston Hospital,	351	512	863	251	37	12	21	9	9	9	18	2	2	4	2	6	—	—	453	676	1,129						
Mental wards, State infirmary,	226	517	743	25	21	23	22	20	41	13	16	29	—	—	—	—	—	—	226	517	743						
Worcester Asylum,	568	621	1,189	60	28	88	77	39	116	8	14	22	—	—	—	—	—	—	568	621	1,189						
Medfield Asylum,	709	1,021	1,730	21	9	30	34	37	71	8	14	22	—	—	—	—	—	—	709	1,021	1,730						
Gardner Colony,	429	245	674	11	38	49	2	1	3	—	—	—	—	—	—	—	—	—	429	245	674						
Monson Hospital,	202	182	384	27	27	54	202	182	384	—	—	—	—	—	—	—	—	—	202	182	384						
Bridgewater Hospital,	744	—	744	36	—	36	—	—	—	724	—	—	—	—	—	—	—	—	744	—	744						
Foxborough Hospital,	206	—	206	12	—	12	—	—	—	—	—	—	—	—	—	—	—	—	206	—	206						
Totals,	6,158	6,129	12,287	197	111	308	4	8	12	424	339	763	762	61	823	243	233	481	6,578	6,394	12,972						
Family care,	14	284	298	—	23	23	—	—	—	—	—	—	—	—	—	—	—	—	14	284	298						
Totals, public,	6,172	6,413	12,585	197	134	331	4	8	12	424	340	764	762	61	823	243	233	481	6,592	6,678	13,270						
Private institutions: —																											
McLean Hospital,	89	126	215	1	21	22	15	26	41	—	2	2	—	—	—	—	—	—	90	127	217						
Smaller institutions,	24	90	114	2	8	10	6	14	20	1	1	2	—	—	—	—	—	—	38	136	174						
Totals, private,	113	216	329	3	6	9	21	40	61	1	2	3	—	—	—	—	—	—	128	263	391						
Totals, public and private,	6,285	6,629	12,914	200	140	340	25	48	73	425	342	767	762	61	823	251	243	494	6,720	6,941	13,661						

* Includes 1 male, 10 females placed in family care by trustees.

† Decrease.

TABLE 11.—*Classes of Persons under Supervision, etc.*—Concluded.

	NUMBER.			INCREASE FOR THE YEAR.			NON-RESIDENT.			EPILEPTIC.			SCHOOL.			CUSTODIAL.			OTHER CLASSES.			TOTAL INMATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
B.—Feeble-minded:—																								
School for the Feeble-minded at Waltham,	813	562	1,375	12	10	22	21	16	37	17	13	30	397	207	604	416	355	771	—	—	—	813	562	1,375
Wrentham School,	155	112	267	41	12	53	—	—	—	—	—	—	72	38	110	83	74	157	—	—	—	155	112	267
Hospital Cottages for Children,	12	18	30	6	7	13	—	—	—	—	—	—	2	4	6	10	14	24	—	—	—	70	54	124
Elm Hill Institution,	40	13	53	—	—	—	29	9	38	4	2	6	20	10	30	20	3	23	—	—	—	40	13	53
Terrace Home School,	6	5	11	—	1	—	—	—	—	—	—	—	1	4	5	4	1	5	—	—	—	6	5	11
Almshouses,	134	96	230	27	4	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	134	96	230
State Infirmary,	32	36	68	32	36	68	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32	36	68
Totals, feeble-minded,	1,192	842	2,034	118	70	188	50	25	75	21	15	36	492	263	755	534	447	981	58	36	94	1,250	878	2,128
C.—Inebriates:—																								
Foxborough Hospital,	167	—	167	58	—	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane hospitals,	—	29	29	1 ²	6 ²	1 ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, inebriates,	168	29	197	57	6 ²	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D.—Epileptics:—																								
Monson Hospital,	447	404	851	52	29	81	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
State hospitals,	67	60	127	43 ²	15 ²	63 ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
State asylums,	156	97	253	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	17	13	30	1 ²	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hospital Cottages for Children,	49	31	80	14 ²	7 ²	21 ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family care,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions,	5	6	11	—	3 ²	3 ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, epileptics,	741	612	1,353	10 ²	6	4 ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole number of persons under supervision,	7,970	7,819	15,789	381	218	599	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Viz.: Insane, feeble-minded, epileptic and inebriate,	7,939	7,753	15,692	385	224	609	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Voluntary mental patients (sane),	—	6	6	—	1 ²	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Temporary care,	5	3	8	4 ²	1	3 ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other classes,	20	42	62	1 ²	8 ²	7 ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

¹ Figures taken from reports of overseers of poor, March 31, 1911.² Decrease.

TABLE 12. — *Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1911.*

	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	Mental Wards, State Infirm-ary.	Worcester Asylum.	Medfield Asylum.	Gardner Colony.
Remaining Sept. 30, 1910,	1,373	1,008	851	1,474	1,019	851	720	1,101	1,700	625
Men,	694	540	433	626	400	376	201	508	688	418
Women,	679	468	418	848	619	475	519	593	1,012	207
Admitted within the year,										
Men,	608	504	414	637	701	526	191	162	169	80
Women,	337	295	211	333	304	204	79	89	77	35
By commitment,	271	209	203	324	397	322	112	63	92	45
Men,	516	408	344	573	518	433	85	—	—	—
Women,	289	245	178	284	235	170	40	—	—	—
By transfer,	227	163	166	289	283	263	45	—	—	—
From visit,	14	10	7	10	32	5	86	155	162	69
From escape,	8	8	14	15	30	18	1	—	2	2
Nominally for discharge,	3	5	5	3	2	4	4	—	2	—
	71	75	44	56	119	66	15	6	3	9
Whole number of cases within the year,	1,981	1,512	1,265	2,131	1,720	1,377	911	1,263	1,869	705
Dismissed within the year,										
Men,	644	539	372	687	613	514	168	74	139	31
Women,	358	302	195	341	254	229	54	39	56	24
Viz.: Discharged,	286	237	177	346	359	285	114	35	83	7
Men,	217	171	130	206	268	161	33	10	15	10
Women,	116	102	65	117	119	56	16	6	5	10
Recovered,	101	69	65	89	149	105	17	4	10	—
Men,	64	47	38	83	108	66	2	—	—	—
Women,	25	29	22	22	46	31	—	—	—	—
Capable of self-support,	39	18	16	11	62	35	2	—	—	—
Improved,	71	46	33	43	61	15	—	—	2	4
Not improved,	21	50	43	90	44	48	20	5	7	4
Not insane,	59	28	16	40	55	29	11	5	6	6
	2	—	—	—	—	3	—	—	—	—

Died,	153	139	97	205	131	140	98	49	94	11
Men,	84	86	54	104	65	52	29	38	38	7
Women,	69	53	43	101	66	88	69	21	56	4
Transferred,	170	139	72	98	37	96	19	11	9	4
On visit Sept. 30, 1911,	74	90	71	163	72	112	11	2	19	4
On escape Sept. 30, 1911,	30	—	2	15	5	5	7	2	2	2
Remaining Sept. 30, 1911,	1,337	973	893	1,444	1,107	863	743	1,189	1,730	674
Men,	673	533	449	618	450	351	226	568	709	429
Women,	664	440	444	826	657	512	517	621	1,021	245
Supported by the State,	1,086	815	674	1,186	797	732	736	1,145	1,675	664
Reimbursing,	106	62	98	131	92	45	7	44	55	10
Private,	145	96	121	127	218	86	—	—	—	—
Daily average number,	1,365 74	998 60	878 88	1,452 14	1,071 60	844 99	738 78	1,115 96	1,729 02	652 72
State,	1,111 12	814 38	638 66	1,187 58	767 04	723 96	726 16	1,067 40	1,662 00	644 34
Reimbursing,	104 12	82 62	96 89	138 79	85 84	43 27	12 62	48 56	67 02	8 38
Private,	150 50	101 60	122 33	125 77	218 72	77 76	—	—	—	—
Persons first admitted to any insane hospital,	429	338	271	461	399	357	76	—	—	—
Men,	239	239	148	227	191	150	35	—	—	—
Women,	190	129	123	234	208	207	41	—	—	—
Recent (insane less than one year),	241	209	148	267	217	197	29	—	—	—
Chronic (insane one year or more),	155	84	122	183	126	143	39	—	—	—
Unknown,	33	45	1	11	56	17	8	—	—	—
Persons admitted from the community,	515	407	344	570	517	432	85	—	—	—
Viz.: From cities and large towns,	439	280	265	481	388	432	72	—	—	—
From country districts,	76	127	79	89	129	—	13	—	—	—
Whole number of persons within the year,	1,899	1,432	1,220	2,069	1,594	1,304	895	1,257	1,866	697
Whole number of persons admitted within the year,	536	428	370	598	459	439	71	136	166	71
Whole number of persons dismissed within the year,	570	464	328	629	492	447	153	68	136	22

TABLE 12. — *Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1911 — Concluded.*

	Monson Hospital.	Bridgewater Hospital.	Foxborough Hospital.	Total Public Institutions.	Family Care.	Total Public.	McLean Hospital.	Smaller Institutions.	Total Private.	Total Public and Private.
Remaining Sept. 30, 1910,										
Men,	357	708	194	11,981	274	12,255	216	104	320	12,575
Women,	175	708	194	5,961	14	5,975	88	22	110	6,085
	182	—	—	6,020	260	6,280	128	82	210	6,490
Admitted within the year,										
Men,	87	114	38	4,251	84	4,335	191	166	357	4,692
Women,	60	114	38	2,186	5	2,191	83	58	141	2,332
By commitment,	27	106	—	2,065	79	2,144	108	108	216	2,360
Men,	37	106	—	3,020	—	3,020	156	148	304	3,324
Women,	28	106	—	1,575	—	1,575	66	54	120	1,695
By transfer,	9	—	—	1,445	—	1,445	90	94	184	1,629
From visit,	42	1	34	627	84	711	15	13	28	739
From escape,	2	1	1	98	—	98	6	5	11	109
Nominally for discharge,	6	7	3	480	—	480	13	—	13	493
Whole number of cases within the year,	444	822	232	16,232	358	16,590	407	270	677	17,267
Dismissed within the year,										
Men,	60	78	26	3,945	60	4,005	192	156	348	4,353
Women,	33	78	26	1,989	5	1,994	82	56	138	2,132
Viz.: Discharged,	27	—	—	1,956	55	2,011	110	100	210	2,221
Men,	13	44	4	1,282	9	1,291	133	117	250	1,541
Women,	7	44	4	667	—	667	53	41	94	761
Recovered,	6	—	—	615	9	624	372	76	156	780
Men,	—	14	—	372	—	372	44	32	76	448
Women,	—	14	—	189	—	189	14	12	26	215
Capable of self-support,	—	—	—	183	—	183	30	20	50	233
Improved,	—	6	—	281	9	290	29	7	36	326
Not improved,	12	4	4	348	—	348	33	35	68	416
Not insane,	1	16	—	272	—	272	28	49	69	341
	—	4	—	9	—	9	1	—	1	10

Died,	34	20	17	1,188	6	1,194	23	17	40	1,234
Men,	16	20	17	600	1	601	14	9	23	624
Women,	18	—	—	588	5	593	9	8	17	610
Transferred,	1	5	2	663	44	707	17	17	34	741
On visit Sept. 30, 1911,	10	9	1	738	—	738	18	8	21	759
On escape Sept. 30, 1911,	2	—	2	74	1	75	1	2	3	78
Remaining Sept. 30, 1911,	384	744	206	12,287	298	12,585	215	114	329	12,914
Men,	202	744	206	6,158	14	6,172	89	24	113	6,285
Women,	182	—	—	6,129	284	6,413	126	90	216	6,629
Supported by the State,	364	741	198	10,813	251	11,064	—	—	—	11,064
Reimbursing,	13	3	8	674	15	689	—	—	—	689
Private,	7	—	—	800	32	832	215	114	329	1,161
Daily average number,	380.52	726.40	213.27	12,168.62	272.47	12,441.09	218.20	118.16	336.36	12,777.45
State,	362.41	724.40	209.11	10,559.56	229.75	10,889.31	—	—	—	10,889.31
Reimbursing,	10.66	2.00	4.16	704.93	10.70	715.63	—	—	—	715.63
Private,	7.45	—	—	804.13	32.02	836.15	218.20	118.16	336.36	1,172.51
Persons first admitted to any insane hospital,	37	91	—	2,459	—	2,459	106	115	221	2,680
Men,	28	91	—	1,318	—	1,318	42	39	81	1,399
Women,	9	—	—	1,141	—	1,141	64	76	140	1,281
Recent (insane less than one year),	37	39	—	1,384	—	1,384	66	95	161	1,545
Chronic (insane one year or more),	—	50	—	902	—	902	40	20	60	962
Unknown,	—	2	—	173	—	173	—	—	—	173
Persons admitted from the community,	37	106	—	2,997	—	2,997	148	139	282	3,252
Viz.: From cities and large towns,	21	82	—	2,445	—	2,445	106	109	210	2,635
From country districts,	16	24	—	552	—	552	42	30	72	617
Whole number of persons within the year,	437	814	229	15,132	353	15,370	378	254	619	15,911
Whole number of persons admitted within the year,	80	107	35	3,121	82	3,121	170	156	294	3,388
Whole number of persons dismissed within the year,	54	71	23	2,701	59	2,806	168	148	279	3,074

1 Includes 18 self-supporting and 3 living with friends without public aid.

TABLE 13. — *Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital.*

	COMMITMENTS.								DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT.								
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	WORCESTER HOSPITAL.		TAUNTON HOSPITAL.		NORTHAMPTON HOSPITAL.		DANVERS HOSPITAL.	
										Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.
First admitted to any hospital: —	1	18	35	38	70	42	53	9	1 305	25	6	7	5	12	4	6	6
A. — Most curable: —	40																
Acute hallucinosis, . . .																	
Manic-depressive insanity, . .																	
Allied to manic-depressive insanity, . . .						3			3								
Melancholia, acute, . . .																	
Confusional insanity, acute, . .		1							1								
Hysterical insanity, . . .	4			2	2	1			9	1	1					1	
Puerperal psychosis, . . .																	
Infection psychosis, . . .					3	15		6	18								
Neurasthenia, . . .				1	1				8								
Exhaustion psychosis, . . .	5	2			3			1	11			1	1				
Alcoholic insanity, acute, . .	27	33	24	43	29	39	2	5	202	18	3	21	7	15		12	4
Toxic insanity, acute, . . .	4	4	2	3	1		2		13	2		1	1	1			
Delirium, acute, . . .	12								19	3							
Delirium with somatic disease, .						17											
Psychosis with somatic disease, .									17								
Compulsive insanity, . . .																	
Total A,	93	58	61	90	109	117	57	22	607	49	11	30	14	28	4	19	10

[illegible]

TABLE 13. — *Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital — Continued.*

	DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT — Concluded.								TOTAL DISCHARGES.					Died.	Aggregate Discharges and Deaths.
	WESTBOROUGH HOSPITAL.		BOSTON HOSPITAL.		MCLEAN HOSPITAL.		OTHER INSTITUTIONS.		Recovered.	Capable of Self-support.	Improved.	Not Improved.	Total Discharges.		
	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.							
First admitted to any hospital: — A.— Most curable: —	43	8	24	1	22	12	4	1	143	42	55	15	255	39	294
Acute hallucinosis, . . .	—	—	—	—	—	—	—	—	3	—	2	—	5	—	5
Manic-depressive insanity, . .	—	—	3	—	—	—	1	—	1	—	—	—	1	—	1
Allied to manic-depressive insanity, . .	—	—	—	—	—	—	—	—	2	1	2	3	8	—	8
Melancholia, acute, . . .	—	—	—	—	—	—	—	—	1	—	1	—	2	—	1
Confusional insanity, acute, . .	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1
Hysterical insanity, . . .	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1
Puerperal psychosis, . . .	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1
Infection psychosis, . . .	—	—	1	—	—	—	1	—	1	—	1	—	2	—	2
Neurasthenia, . . .	—	—	—	—	—	—	1	—	1	—	1	—	2	—	2
Exhaustion psychosis, . . .	2	—	—	—	—	—	1	—	4	2	14	8	151	12	163
Alcoholic insanity, acute, . .	14	1	21	4	2	1	5	1	108	21	2	2	10	4	14
Toxic insanity, acute, . . .	2	—	—	—	1	—	1	—	7	1	2	—	8	7	15
Delirium, acute, . . .	—	—	—	—	2	—	—	—	6	—	2	2	2	2	2
Delirium with somatic disease, .	—	—	—	—	—	—	—	—	6	—	—	—	—	11	11
Psychosis with somatic disease, .	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Compulsive insanity, . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total A.	61	9	49	4	27	13	13	2	276	67	79	30	452	89	541

[illegible]

TABLE 13. — *Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital* — Continued.

	COMMITMENTS.								DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT.								
									WORCESTER HOSPITAL.		TAUNTON HOSPITAL.		NORTHAMPTON HOSPITAL.		DANVERS HOSPITAL.		
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.
Other admissions: —																	
A.—Most curable: —																	
Manic-depressive insanity, . .	28	19	23	35	40	35	23	4	207	7	4	—	8	7	5	4	—
Allied to manic-depressive insanity,	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Amentia,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hysterical insanity,	1	—	—	—	—	2	—	—	3	—	—	—	—	—	—	—	—
Neurasthenia,	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Exhaustion psychosis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic insanity, acute, . .	5	8	6	10	7	3	—	—	39	4	—	5	3	3	—	3	—
Toxic insanity, acute,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infection psychosis,	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Psychosis with somatic disease,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total A,	34	27	29	45	49	42	23	4	253	11	4	13	11	7	5	7	4

[illegible]

[illegible]

Menopause,	56	16	16	3	3	1	1	1
Nephritis,	1	1	1	1	1	1	1	1
Operation,	2	1	1	1	1	1	1	1
Organic heart disease,	2	1	1	1	1	1	1	1
Pellagra,	1	1	1	1	1	1	1	1
Perforating gastric ulcer,	1	1	1	1	1	1	1	1
Poisoning (gasoline vapors),	1	1	1	1	1	1	1	1
Privation,	2	1	1	1	1	1	1	1
Puberty,	1	1	1	1	1	1	1	1
Rheumatism and endocarditis,	1	1	1	1	1	1	1	1
Semility,	114	4	4	4	4	4	4	4
Senility and other causes,	19	3	3	3	3	3	3	3
Septic wound,	1	1	1	1	1	1	1	1
Somatic disease,	35	6	6	6	6	6	6	6
Syphilitic,	2	11	11	11	11	11	11	11
Sunstroke,	47	2	2	2	2	2	2	2
Syphilis,	2	13	13	13	13	13	13	13
Syphilis and other causes,	3	1	1	1	1	1	1	1
Tee,	1	1	1	1	1	1	1	1
Traumatism,	14	1	1	1	1	1	1	1
Tuberculosis,	3	1	1	1	1	1	1	1
Total physical,	737	242	418	104	83	187	91	401
B.—Mental: —	950	176	545	160	153	313	91	412
Bereavement and worry,	4	1	1	1	1	1	1	1
Desertion,	1	1	1	1	1	1	1	1
Disappointment in love,	2	3	3	3	3	3	3	3
Domestic trouble,	6	2	2	2	2	2	2	2
Financial trouble,	2	1	1	1	1	1	1	1
Fright,	3	3	3	3	3	3	3	3
Grief,	4	8	17	4	5	9	4	3
Overwork and other causes,	21	9	22	23	17	40	3	3
Worry and other causes,	56	15	50	28	27	55	3	3
Total mental,	81	32	468	132	110	242	91	404
Totals,	1,031	274	77	28	43	71	8	8
Unknown,	328	48	77	28	43	71	8	8
Not insane,	1	—	—	—	—	—	—	—
Totals,	1,360	322	545	160	153	313	91	412

TABLE 15. — *Duration of Mental Disease and its Treatment in Persons who recovered or died at Public Institutions for the Insane and McLean Hospital.*

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.					
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.
A. — Recovered: —												
Under 1 month,	79	56	135	15	1	16	14	—	14	—	—	1
From 1 to 3 months,	32	36	68	72	54	126	44	23	67	2	—	15
3 to 6 months,	18	28	46	31	53	84	39	32	71	8	4	10
6 to 12 months,	11	17	28	23	35	58	26	51	77	9	7	29
1 to 2 years,	2	8	10	11	12	23	14	34	48	9	12	20
2 to 5 years,	—	8	8	3	7	10	5	12	17	7	15	16
5 to 10 years,	—	3	3	—	1	1	—	4	4	3	2	4
10 to 20 years,	—	—	—	—	—	—	—	—	—	1	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	142	156	298	155	163	318	142	156	298	39	40	95
Unknown,	13	7	20	—	—	—	13	7	20	9	10	3
Totals,	155	163	318	155	163	318	155	163	318	48	50	98
Average of known cases (in months),	1.77	6.14	4.05	4.68	6.84	5.78	5.97	11.93	8.52	24.02	24.90	15.46
										14.57	15.46	15.03

B.—Died:—

Congenital,	5	4	9	-	-	4	1	5	-	-	-	-	-	-	-	-	-	-	-
Under 1 month,	78	61	139	97	69	166	21	7	28	-	-	-	-	4	1	1	5	5	5
From 1 to 3 months,	69	59	128	57	54	111	23	28	51	1	1	1	1	3	7	10	10	10	10
3 to 6 months,	51	37	88	54	50	104	33	23	56	-	-	2	2	6	2	8	8	8	8
6 to 12 months,	49	46	95	64	43	107	38	33	71	2	2	2	2	5	9	14	14	14	14
1 to 2 years,	76	59	135	57	59	116	85	48	133	10	6	6	6	14	10	24	24	24	24
2 to 5 years,	82	86	168	90	77	167	130	109	259	21	18	18	18	26	21	47	47	47	47
5 to 10 years,	24	38	62	41	54	95	57	85	142	18	28	28	28	17	26	43	43	43	43
10 to 20 years,	14	21	35	31	35	66	36	50	86	22	28	28	28	20	31	51	51	51	51
Over 20 years,	6	9	15	9	18	27	27	36	63	24	34	34	34	15	23	38	38	38	38
Totals,	454	420	874	500	459	959	454	420	874	101	120	120	120	110	130	240	240	240	240
Unknown,	46	39	85	-	-	-	46	39	85	13	18	18	18	4	8	12	12	12	12
Totals,	500	459	959	500	459	959	500	459	959	114	138	138	138	114	138	252	252	252	252
Average of known cases (in months),	26.78	34.95	30.70	38.37	51.65	44.72	64.59	87.11	75.41	161.64	164.42	164.42	164.42	108.07	117.82	113.35	113.35	113.35	113.35

TABLE 16. — *Nativity and Percentage of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital, who were received for the First Time at Any Hospital.*

PLACES OF NATIVITY.	1911.										EIGHT YEARS, 1904-11.					
	MEN.					WOMEN.					TOTALS.					
	PATIENTS.			MOTHERS.		PATIENTS.			MOTHERS.		PATIENTS.			MOTHERS.		
		FATHERS.					FATHERS.					FATHERS.				
Massachusetts,	567	222	233	437	217	214	1,004	439	447	7,385	3,167	3,250				
Other New England States,	125	134	141	128	122	117	253	123	258	1,988	1,971	1,954				
Other States,	78	65	70	71	45	52	149	110	122	1,155	819	844				
Total native,	770	421	444	636	384	383	1,406	805	827	10,528	5,957	6,048				
Other countries:—																
Africa,	—	—	—	—	—	—	—	—	—	6	7	5				
Armenia,	4	3	3	—	—	—	4	3	3	28	25	24				
Asia,	—	—	—	—	—	—	—	—	—	1	1	1				
At sea,	—	—	—	—	—	—	—	—	—	4	1	1				
Australia,	9	9	9	7	8	7	16	17	16	137	133	131				
Austria,	8	10	10	6	4	5	14	14	15	97	102	99				
Azores,	—	—	—	—	—	—	—	—	—	1	1	1				
Bahama Islands,	1	1	1	—	—	—	1	1	1	4	5	6				
Barbadoes Islands,	1	1	1	1	1	1	2	2	2	11	11	11				
Belgium,	—	—	—	—	—	—	—	—	—	—	—	—				
Bermuda,	—	—	—	—	—	—	—	—	—	—	—	—				
Bohemia,	—	—	—	—	—	—	—	—	—	6	5	5				
Bulgaria,	—	—	—	—	—	—	—	—	—	1	2	2				
Canada,	116	127	137	132	139	146	248	266	283	1,868	1,989	2,088				
Cape Verde Islands,	—	—	—	—	—	—	—	—	—	23	22	21				
China,	1	2	2	2	2	3	1	2	2	25	25	25				
Denmark,	—	—	—	—	—	—	—	—	—	20	22	21				
East Indies,	1	—	—	—	—	—	—	—	—	1	1	—				
England,	60	88	71	56	78	73	116	166	144	803	1,084	997				
Finland,	7	7	7	9	9	9	16	16	16	135	127	125				
France,	—	4	4	3	4	3	8	8	4	43	72	59				
Germany,	23	40	34	14	27	28	37	67	62	310	498	467				
Greece,	9	9	8	2	2	2	11	11	10	45	49	47				
Holland,	—	—	—	—	—	—	—	—	—	5	11	10				
India,	—	—	—	—	—	—	—	—	—	6	6	4				
Ireland,	169	368	365	212	348	347	381	716	712	3,068	5,609	5,590				

Italy,	46	49	48	11	15	14	57	64	62	319	346	336
Lithuania,	-	-	-	-	-	-	-	-	-	2	1	1
Macedonia,	-	-	-	-	-	-	-	-	-	2	2	2
Malta, Isle of,	-	-	-	-	-	-	-	-	-	1	1	-
Mexico,	-	1	1	-	1	1	-	-	-	2	5	4
Netherlands,	-	5	7	6	2	2	14	7	9	52	36	42
New Brunswick,	-	-	-	-	-	-	-	-	-	-	-	1
New Zealand,	8	-	2	5	4	5	6	4	7	40	40	41
Newfoundland,	1	2	-	4	4	7	5	6	4	46	58	52
Norway,	1	2	-	5	6	6	10	8	8	80	66	72
Novia Scotia,	5	9	10	7	6	7	16	17	16	108	101	100
Poland,	-	11	-	7	-	-	-	-	-	1	1	1
Porto Rico,	5	-	4	1	2	2	6	7	6	34	33	29
Portugal,	3	2	2	1	1	2	4	3	4	14	15	17
Prince Edward Island,	-	-	-	-	-	-	-	-	-	-	1	-
Prussia,	-	-	-	-	-	-	-	-	-	2	3	2
Roumania,	-	-	-	-	-	-	-	-	-	-	-	-
Russia,	51	59	60	33	35	34	84	94	94	480	509	503
Sandwich Islands,	-	-	-	-	-	-	-	-	-	1	-	1
Scotland,	11	25	23	14	27	18	25	52	41	233	413	363
Sicily,	-	-	-	-	-	-	-	-	-	1	1	1
Society Islands,	-	-	-	-	-	-	-	-	-	-	-	-
South America,	-	-	-	-	1	1	1	1	1	4	1	2
Spain,	-	-	-	-	-	-	-	-	-	9	14	10
Sweden,	14	16	15	19	22	23	33	38	38	309	353	344
Switzerland,	2	3	2	-	-	-	2	3	2	12	19	19
Syria,	1	1	1	1	1	1	2	8	2	24	21	21
Turkey,	4	5	6	3	3	3	7	8	9	39	39	41
Wales,	1	2	3	1	1	1	2	3	4	11	15	16
West Indies,	4	5	4	1	2	1	5	7	5	32	34	31
Western Islands,	-	-	-	-	-	-	-	-	-	1	1	1
Total foreign,	577	865	840	557	735	749	1,134	1,620	1,589	8,507	11,936	11,796
Unknown,	13	74	76	12	66	73	25	140	149	179	1,321	1,370
Totals,	1,360	1,360	1,360	1,205	1,205	1,205	2,565	2,565	2,565	19,214	19,214	19,214

TABLE 17. — *Civil Condition of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

CIVIL CONDITION.	1911.			EIGHT YEARS, 1904-11.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Unmarried,	680	471	1,151	4,759	3,484	8,243
Married,	519	483	1,002	4,183	3,541	7,724
Widowed,	137	230	367	1,095	1,735	2,830
Divorced,	15	19	34	113	137	250
Unknown,	9	2	11	120	47	167
Totals,	1,360	1,205	2,565	10,270	8,944	19,214

TABLE 18. — *Occupations of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

OCCUPATIONS.	1911.			EIGHT YEARS, 1904-11.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Educated or professional, .	41	34	75	400	309	709
Domestic,	12	196	208	140	1,457	1,597
Farmers,	71	—	71	466	—	466
Housekeepers,	—	533	533	—	3,714	3,714
Laborers,	249	—	249	2,199	—	2,199
Mechanical,	282	2	284	2,066	20	2,086
Operatives,	132	79	211	937	652	1,589
Traders,	82	3	85	1,093	200	1,293
Miscellaneous,	303	87	390	1,538	418	1,956
Totals,	1,172	934	2,106	8,839	6,770	15,609
No occupation,	171	271	442	1,288	2,010	3,298
Unknown,	17	—	17	143	164	307
Totals,	1,360	1,205	2,565	10,270	8,944	19,214

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital.*

FIRST CASES OF INSANITY — PERCENTAGES.															
INSANE COMMITMENTS.				NATIVITY.											
				All.	First to Any Hospital.	PERCENTAGE OF FIRST CASES OF INSANITY.		PATIENTS.				MOTHERS, NATIVE.		FATHERS, NATIVE.	
								MASSACHUSETTS.		NATIVE.					
								1911.	Average Two Years, 1910-11.	1911.	Average Two Years, 1910-11.	1911.	Average Two Years, 1910-11.	1911.	Average Two Years, 1910-11.
INSTITUTIONS.	516	429	83.14	82.24	32.47	31.05	47.06	45.75	26.78	26.52	23.96	23.63			
	408	338	82.84	80.92	45.37	43.03	58.33	56.03	37.28	36.48	35.29	35.22			
	344	271	78.78	79.39	40.52	39.20	57.99	57.41	35.36	36.50	36.50	35.24			
	573	461	80.45	81.36	39.35	39.12	52.17	54.07	34.91	34.52	35.86	35.60			
	518	399	77.03	76.30	40.81	43.31	62.22	62.55	42.13	41.82	38.99	40.81			
	433	357	82.45	81.77	38.87	37.92	50.99	50.35	24.42	22.52	23.25	21.29			
	85	76	89.41	88.79	21.05	23.21	43.42	36.64	31.34	22.34	30.30	21.08			
	106	91	85.85	86.58	31.87	34.20	46.15	50.90	20.88	21.66	18.68	24.16			
	37	37	100.00	96.43	81.08	82.85	86.49	89.40	28.57	38.15	44.12	43.65			
	3,020	2,459	81.42	81.05	39.03	38.81	54.23	54.02	32.68	32.22	31.70	31.41			
	156	106	67.95	70.34	50.94	55.38	81.13	82.53	68.93	68.23	66.99	66.98			
	3,176	2,565	80.76	80.53	39.53	39.53	55.35	55.23	34.23	33.78	33.19	32.95			

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Concluded.*

FIRST CASES OF INSANITY — PERCENTAGES — CON.											
FORMS OF MENTAL DISEASE — CON.											
INSTITUTIONS.											
COARSE BRAIN LESIONS.			EPILEPTIC INSANITY.			IMBECILITY.			SENILE INSANITY.		
1911.	Average Two Years, 1910-11.		1911.	Average Two Years, 1910-11.		1911.	Average Two Years, 1910-11.		1911.	Average Two Years, 1910-11.	
Worcester Hospital,	3.50	4.46	1.16	1.12		3.03	2.71		12.35	9.42	
Taunton Hospital,	9.47	6.84	2.07	2.09		4.14	4.31		14.50	16.33	
Northampton Hospital,	9.59	8.96	2.95	3.18		12.55	9.50		17.34	17.20	
Danvers Hospital,	10.41	12.12	1.73	1.80		6.51	7.12		5.42	4.12	
Westborough Hospital,	13.03	10.29	1.50	1.02		5.26	5.33		7.77	9.41	
Boston Hospital,	0.28	2.11	1.40	1.31		1.68	2.36		15.69	18.76	
Mental wards, State Infirmary,	7.89	9.17	—	—		27.63	22.77		7.89	10.66	
Bridgewater Hospital,	3.30	3.36	1.10	3.12		7.69	9.40		9.78	6.60	
Other public institutions,	—	—	100.00	100.00		—	—		—	—	
Totals and averages, public,	7.44	7.24	3.13	3.56		5.93	5.65		11.18	11.30	
McLean Hospital,	7.55	9.58	—	0.90		—	—		0.94	0.92	
Totals and averages, public and McLean,	7.45	7.35	3.00	3.36		5.69	5.42		10.76	10.86	

TABLE 20. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.		Number.	PERCENTAGE OF ALL RECOVERIES OF INSANE ON —						FIRST CASES OF INSANITY.								
									RECOVERIES.								
			COMMITMENTS.		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.		Number.	PERCENTAGE OF FIRST CASES.							
			1911.	Average Five Years, 1907-11.	1911.	Average Five Years, 1907-11.	1911.	Average Five Years, 1907-11.									
Worcester Hospital,	64	12.40	12.80	3.37	3.79	4.69	5.38	53	12.35	10.73
Taunton Hospital,	47	11.52	11.89	3.28	3.56	4.71	5.21	33	9.76	10.65
Northampton Hospital,	38	11.05	11.14	3.11	3.07	4.32	4.20	30	11.07	11.71
Danvers Hospital,	33	5.76	10.04	1.59	3.06	2.27	4.40	25	5.42	8.46
Westborough Hospital,	108	20.85	20.77	6.77	6.62	10.08	9.90	82	20.55	19.88
Boston Hospital,	66	15.24	11.16	5.06	3.54	7.81	5.37	52	14.56	9.74
Mental wards, State Infirmary,	2	2.35	3.79	0.22	0.41	0.27	0.51	2	2.63	2.99
Bridgewater Hospital,	14	13.21	10.31	1.72	1.53	1.93	1.72	11	12.08	10.14
Other public institutions,	—	—	3.64	—	0.03	—	0.04	—	—	2.01
Totals and averages, public,	372	12.32	12.29	2.45	2.61	3.06	3.27	288	11.71	11.16
McLean Hospital,	44	28.21	24.22	1.64	8.43	20.16	18.28	30	28.30	22.68
Totals and averages, public and McLean,	416	13.10	12.90	2.69	2.82	3.36	3.56	318	12.40	11.67

TABLE 20. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital* — Concluded.

FIRST CASES OF INSANITY — CON.												
INSTITUTIONS.	CURABLE CASES — GROUP A.					MANIC-DEPRESSIVE INSANITY.			ACUTE ALCOHOLIC INSANITY.			
	Num-ber.	PERCENTAGE OF FIRST CASES.		RECOVERIES.		Num-ber.	PERCENTAGE OF FIRST CASES.		Num-ber.	PERCENTAGE OF FIRST CASES.		
		1911.	Average Two Years, 1910-11.	Num-ber.	PERCENTAGE OF SUCH FIRST CASES.		1911.	Average Two Years, 1910-11.				
					1911.					Average Two Years, 1910-11.		
Worcester Hospital,	93	21.67	19.82	49	52.13	48.95	9.32	9.32	27	6.29	5.85	
Taunton Hospital,	58	17.16	17.27	30	51.72	54.65	5.32	5.16	33	9.76	9.22	
Northampton Hospital,	61	22.51	23.57	28	45.90	40.64	12.91	15.55	24	8.86	7.65	
Danvers Hospital,	90	19.52	19.13	19	21.11	31.80	8.24	9.04	43	9.33	7.95	
Westborough Hospital,	109	27.32	28.49	61	55.96	51.16	17.54	18.48	29	7.27	5.79	
Boston Hospital,	117	32.77	30.78	49	41.88	35.15	12.60	15.85	39	10.92	8.64	
Mental wards, State Infirmary,	9	11.84	11.89	2	22.22	23.61	7.89	5.44	1	1.31	2.90	
Bridgewater Hospital,	13	14.28	13.98	11	84.61	57.93	3.30	5.07	4	4.39	4.33	
Other public institutions,	—	—	—	—	—	—	—	—	—	—	—	
Totals and averages, public,	550	22.36	21.76	249	45.19	43.63	10.37	11.20	200	8.13	7.06	
McLean Hospital,	57	53.77	51.89	27	47.37	45.11	50.00	44.65	2	1.89	3.18	
Totals and averages, public and McLean,	607	23.66	23.04	276	45.39	43.76	12.01	12.61	202	7.87	6.90	

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.	Number of Deaths.	PERCENTAGE OF DEATHS ON —					
		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.		DISCHARGES AND DEATHS.	
		1911.	Average Three Years, 1909-11.	1911.	Average Three Years, 1909-11.	1911.	Average Three Years, 1909-11.
The insane:—							
State hospitals:—							
Worcester,	153	8.06	9.24	11.20	12.85	41.35	44.28
Taunton,	139	9.71	8.26	13.92	13.65	44.84	43.35
Northampton,	97	7.95	7.20	11.04	9.97	42.73	40.18
Danvers,	205	9.91	9.91	14.12	14.03	49.88	52.25
Westborough,	131	8.22	7.43	12.22	11.12	32.83	31.09
Boston,	140	10.74	11.53	16.57	17.52	46.51	46.94
Totals and averages,	865	9.12	9.21	13.08	13.17	42.86	43.14
State asylums:—							
Worcester,	49	3.90	4.54	4.39	4.99	71.19	78.97
Medfield,	94	5.04	4.66	5.44	5.01	86.24	86.87
Gardner Colony,	11	1.58	2.14	1.68	2.41	52.38	59.48
Totals and averages,	154	4.04	4.17	4.40	4.54	81.48	81.75
Hospitals and asylums,	1,019	7.88	7.97	10.08	10.19	46.17	46.51
Miscellaneous:—							
Mental wards, State Infirmary,	98	10.95	10.29	13.26	12.61	74.81	69.70
Bridgewater Hospital,	20	2.46	2.80	2.75	3.20	31.25	31.53
Monson Hospital,	34	7.78	7.05	8.93	8.06	72.34	75.31
Foxborough Hospital,	17	7.42	9.63	7.97	10.83	80.95	76.32
Totals and averages, public,	1,188	7.85	7.94	9.76	9.84	48.10	48.16
McLean Hospital,	23	6.08	6.31	10.54	10.89	14.74	16.60
Totals and averages, public and McLean,	1,211	7.83	7.93	9.78	9.91	46.11	46.40

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.	PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN MENTAL DISEASES.						
	Curable Forms (Group A). ¹	Average Two Years, 1910-11.	Senile Insanity.	Average Two Years, 1910-11.	General Paralysis.	Average Two Years, 1910-11.	Coarse Brain Lesions.
The insane: —							
State hospitals: —							
Worcester,	13.72	11.63	24.18	23.04	29.41	20.03	23.53
Taunton,	8.63	9.38	22.30	29.39	19.42	19.80	19.42
Northampton,	6.18	7.11	46.39	44.46	10.31	12.62	26.80
Danvers,	15.61	12.63	10.73	10.43	22.93	23.06	15.61
Westborough,	9.16	10.49	25.95	26.61	15.27	17.63	26.72
Boston,	20.71	16.56	40.71	41.59	22.14	22.51	14.28
Totals and averages,	12.95	11.63	26.13	26.99	20.81	21.61	20.35
State asylums: —							
Worcester,	4.08	4.42	10.20	13.83	2.04	4.19	16.33
Medfield,	2.13	4.35	—	—	5.32	3.32	4.78
Gardner Colony,	9.09	4.54	—	—	—	3.12	9.09
Totals and averages,	3.25	4.20	3.25	5.17	3.90	3.88	11.69
Hospitals and asylums,	11.48	10.51	22.67	23.71	18.25	18.95	19.04
Miscellaneous: —							
Mental wards, State Infirmary,	30.61	23.30	30.61	25.97	6.12	7.72	33.67
Bridgewater Hospital,	5.00	4.77	15.00	9.77	35.00	24.32	25.00
Monson Hospital,	—	—	—	—	—	—	—
Foxborough Hospital,	5.88	10.08	41.18	30.11	—	7.14	5.86
Totals and averages, public,	10.61	10.18	22.81	23.19	16.75	17.58	19.60
McLean Hospital,	26.09	31.79	4.35	11.55	17.39	11.82	26.09
Totals and averages, public and McLean,	10.90	10.51	22.46	22.98	16.76	17.50	19.73
Totals and averages,							
							15.13
							8.16
							4.78
							4.54
							5.84
							15.44
							22.17
							21.59
							10.07
							15.65
							22.42
							15.76

¹ See Table No. 13.

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Concluded.*

PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN PHYSICAL DISEASES.											
INSTITUTIONS.		Tubercu- losis.	Average Two Years, 1910-11.	Pneu- monia.	Average Two Years, 1910-11.	Organic Cardiac Disease.	Average Two Years, 1910-11.	Organic Renal Disease.	Average Two Years, 1910-11.	Malignant Tumors.	Average Two Years, 1910-11.
The insane:—											
State hospitals:—											
Worcester,	.	5.88	4.34	17.65	17.25	7.84	8.13	3.92	3.92	1.96	2.10
Taunton,	.	7.91	5.30	25.18	28.13	6.47	7.96	5.03	4.20	0.72	0.70
Northampton,	.	7.22	5.91	4.12	3.78	15.46	14.05	1.03	0.51	4.12	4.93
Danvers,	.	6.83	7.76	20.49	22.08	15.12	13.11	5.36	3.64	0.97	0.48
Westborough,	.	1.53	6.22	17.56	22.41	10.69	9.43	4.58	5.01	4.58	3.20
Boston,	.	4.28	4.43	29.28	27.06	6.43	10.08	4.28	3.44	2.14	1.72
Totals and averages,		5.66	5.66	19.88	21.04	10.40	10.46	4.28	3.61	2.20	1.89
State asylums:—											
Worcester,	.	12.24	20.40	26.53	25.96	12.24	14.05	4.08	6.80	4.08	6.01
Medfield,	.	18.08	18.25	3.19	4.22	18.08	22.20	—	—	3.19	2.91
Gardner Colony,	.	36.36	24.43	—	3.12	9.09	13.92	9.09	10.79	—	—
Totals and averages,		17.53	19.73	10.39	11.97	15.58	18.43	1.95	3.55	3.25	3.88
Hospitals and asylums,		7.46	7.77	18.45	19.68	11.19	11.95	3.92	3.60	2.35	2.18
Miscellaneous:—											
Mental wards, State Infirmary,	.	18.37	21.18	5.10	4.55	10.20	9.10	11.22	9.61	2.04	2.35
Bridgewater Hospital,	.	5.00	11.59	—	—	15.00	16.59	—	—	—	—
Monson Hospital,	.	17.65	19.69	8.82	10.93	5.88	7.29	2.94	1.47	—	—
Foxborough Hospital,	.	—	4.76	17.65	15.97	35.29	36.69	17.65	8.82	11.76	5.88
Totals and averages, public,		8.50	9.04	16.75	17.96	11.36	12.12	4.63	4.01	2.36	2.16
McLean Hospital,		—	—	17.39	18.07	8.69	13.72	8.69	4.34	4.35	2.17
Totals and averages, public and McLean,		8.34	8.90	16.76	17.96	11.31	12.14	4.71	4.03	2.39	2.15

MEMBERS OF THE STATE BOARD OF INSANITY.

Date of Original Appointment.	NAME.	Residence.	Term expires.	RETIRED.	
				Date.	Reason.
September, 1898,	George F. Jelly, M.D.,	Boston, . . .	—	December, 1910	Resigned.
September, 1898,	Herbert B. Howard, M.D.,	Boston, . . .	—	January, 1902	Resigned.
September, 1898,	Charles R. Codman, . .	Barnstable, . .	—	September, 1906	Term expired.
September, 1898,	Edward S. Bradford, . .	Springfield, . .	—	February, 1900	Resigned.
September, 1898,	Francis B. Gardner, . .	Brockton, . . .	—	February, 1902	Resigned.
February, 1900,	Albert L. Harwood, . .	Newton Center, .	—	September, 1905	Term expired.
January, 1902, . .	James B. Ayer, M.D.,	Boston, . . .	—	September, 1907	Term expired.
December, 1902,	Seward W. Jones, . . .	Newton Highlands, .	—	December, 1906	Resigned.
September, 1905,	Michael J. O'Meara, M.D.,	Worcester, . . .	October, 1915	—	—
October, 1906, . .	Henry P. Field, . . .	Northampton, . .	September, 1911	—	—
January, 1907, . .	William F. Whittimore, .	Boston, . . .	September, 1914	—	—
September, 1907,	Herbert B. Howard, M.D., ¹	Boston, . . .	September, 1912	—	—
December, 1910,	Edward W. Taylor, M.D.,	Boston, . . .	September, 1913	—	—

¹ Reappointed September, 1907.

DIRECTORY OF INSTITUTIONS.

PUBLIC.

WORCESTER STATE HOSPITAL (opened 1833): —

Trustees: T. Hovey Gage, Worcester, chairman; Mrs. Carrie B. Harrington, Worcester, clerk; Miss Georgia A. Bacon, Worcester; Dr. Samuel B. Woodward, Worcester; George F. Blake, Worcester; Lyman A. Ely, Worcester; Thomas Russell, Boston.

Regular meeting, first Tuesday of each month.

Superintendent, Hosea M. Quinby, M.D.

First assistant physician, Theodore A. Hoch, M.D.

Assistant physicians, Cornelia B. J. Schorer, M.D., Ray L. Whitney, M.D., William M. Dobson, M.D., George A. McIver, M.D.

Pathologist, Samuel T. Orton, M.D.

Treasurer, H. M. Quinby, M.D.

Steward, M. H. Center.

Visiting days, Wednesdays and Fridays, from 10 A.M. to 12 M., and 1 to 4 P.M.

Staff meetings, Tuesdays and Thursdays, at 11 A.M.

Location, Belmont Street, Worcester, one and one-half miles from Union Station (Boston & Albany, New York, New Haven & Hartford and Boston & Maine).

TAUNTON STATE HOSPITAL (opened 1854): —

Trustees: Henry R. Stedman, M.D., Brookline, chairman; Mrs. Elizabeth C. M. Gifford, East Boston, secretary; Loyed E. Chamberlain, Brockton; James P. Francis, New Bedford; Mrs. Susan E. Learoyd, Wakefield; Simeon Borden, Fall River, Edward Lovering, Taunton.

Regular meeting, second Thursday of each month.

Superintendent, Arthur V. Goss, M.D.

Assistant superintendent, Horace G. Ripley, M.D.

Assistant physicians, George K. Butterfield, M.D., Raoul G. Provost, M.D., Dora W. Faxon, M.D.

TAUNTON STATE HOSPITAL (opened 1854) — *Concluded.*

Junior assistants, John H. Travis, M.D., John P. H. Murphy, M.D.

Pathologist, C. G. McGaffin, M.D.

Treasurer, Frank W. Boynton.

Steward, Otis E. White.

Visiting days, Wednesdays, Sundays, all legal holidays.

Staff meetings, Monday, Tuesday, Thursday, Friday, Saturday, at 8.15 A.M.

Location, Hodges Avenue, Taunton, one mile from railroad station (New York, New Haven & Hartford).

NORTHAMPTON STATE HOSPITAL (opened 1858): —

Trustees: Henry L. Williams, Northampton, chairman; Joseph W. Stevens, Greenfield, secretary; Miss Caroline A. Yale, Northampton; Luke Corcoran, M.D., Springfield; John Mcquaid, Pittsfield; Charles S. Shattuck, Hatfield; Mrs. Emily W. Newton, Holyoke.

Regular meeting, first Thursday of each month.

Superintendent, John A. Houston, M.D.

Assistant physicians, Charles H. Dean, M.D., C. Stanley Raymond, M.D., B. Angela Bober, M.D., Eliza P. Brison, M.D.

Treasurer and steward, Lewis F. Babbitt.

Visiting days, Tuesdays, Fridays and Saturdays.

Staff meetings, Wednesdays, at 11 A.M.

Location, Prince Street ("Hospital Hill"), Northampton, one and one-half miles from the railroad station, reached by carriage (Massachusetts Central and Connecticut River branches of Boston & Maine).

DANVERS STATE HOSPITAL (opened 1878): —

Post-office and railroad station, Hathorne (Boston & Maine).

Trustees: S. Herbert Wilkins, Salem, chairman; Miss Mary W. Nichols, Danvers; Horace H. Atherton, East Saugus; Samuel Cole, Beverly; Miss Annie M. Kilham, Beverly; Seward W. Jones, Newton Highlands; Ernest B. Dane, Boston.

Regular meeting, second Friday of each month.

Superintendent, Harry W. Mitchell, M.D.

Senior assistant physician, Henry M. Swift, M.D.

Assistant physicians, Wm. B. Cornell, M.D., Anna H. Peabody, M.D., Harlan L. Paine, M.D., Nelson G. Trueman, M.D., Alan D. Finlayson, M.D., Burton D. Thorpe, M.D.

DANVERS STATE HOSPITAL (opened 1878) — *Concluded.*

Assistant physician and pathologist, Herman M. Adler, M.D.

Treasurer, Scott Whitcher.

Steward, Edward S. Groves.

Visiting days, Tuesdays and Saturdays.

Staff meetings, daily, at 8 A.M.

Location, Maple and Newbury streets, Danvers, one-quarter mile from railroad station.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: John L. Coffin, M.D., Northborough, chairman; Miss Eliza C. Durfee, Fall River, secretary; William Avery Cary, Boston; George B. Dewson, Cohasset; John M. Merriam, Esq., South Framingham; Harry B. Goddard, Worcester; Miss Sarah B. Williams, Taunton.

Regular meeting, first Thursday of each month.

Superintendent, George S. Adams, M.D.

Assistant superintendent, Henry I. Klopp, M.D.

Assistant physicians, W. W. Coles, M.D., M. M. Jordan, M.D., C. C. Burlingame, M.D., Ruth B. Coles, M.D., Esther S. Barnard-Woodward, M.D., W. A. Jillson, M.D., Alice S. Cutler, M.D.

Pathologist, Solomon C. Fuller, M.D.

Treasurer, H. L. Davenport.

Steward, Melville L. Stacy.

Visiting days, Tuesdays and Saturdays.

Staff meetings, daily, at 12 M.

Location, two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

BOSTON STATE HOSPITAL (opened 1839):—

Post-office, Dorchester Center; railroad station, Forest Hills (New York, New Haven & Hartford).

Trustees: Walter Channing, M.D., Brookline, chairman; Henry Lefavour, Boston, secretary; Mrs. Guy Lowell, Brookline; Lehman Pickert, Boston; Mrs. William H. Devine, Boston; Michael J. Jordan, Boston; Hon. Melvin S. Nash, Boston.

Regular meeting, at the hospital on the second Tuesday of each month.

BOSTON STATE HOSPITAL (opened 1839) — *Concluded.*

Superintendent, Henry P. Frost, M.D.

Assistant superintendent, S. W. Crittenden, M.D.

First assistant physician, Stephen E. Vosburgh, M.D.

Assistant physicians, Mary E. Gill, M.D., Ermy C. Noble, M.D.,

John E. Overlander, M.D., John I. Wiseman, M.D.

Pathologist, Myrtelle M. Canavan, M.D.

Treasurer and steward, William E. Elton.

Visiting days, 2 to 4 P.M. daily.

Location, Women's Department, Harvard Street, Dorchester Center, near Blue Hill Avenue; Men's Department, Walk Hill Street, about one mile from Blue Hill Avenue; one and one-half miles from railroad station.

WORCESTER STATE ASYLUM (opened 1877): —

Trustees: trustees of Worcester State Hospital.

Superintendent and treasurer, Ernest V. Scribner, M.D.

Assistant physicians, H. Louis Stick, M.D., Arthur E. Pattrell,

M.D., B. Henry Mason, M.D., Ransom A. Greene, M.D.,

Effie A. Stevenson, M.D.

Pathologist, Frederick H. Baker, M.D.

Visiting days, every day except Sunday.

Location, Summer Street, Worcester, five minutes' walk from Union Station (Boston & Albany, Boston & Maine and New York, New Haven & Hartford).

MEDFIELD STATE ASYLUM (opened 1896): —

Post-office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford).

Trustees: Ira G. Hersey, Hingham, chairman; Mrs. Nellie Palmer, South Framingham, secretary; Fred H. Williams, Brookline; Francis M. Carroll, Boston; F. B. Lund, M.D., Boston; James M. Codman, Brookline; Mrs. Sarah Rand, Newton Center.

Regular meeting, first Thursday following the first Tuesday of each month.

Superintendent, Edward French, M.D.

Assistant physicians, Lewis M. Walker, M.D., Jane B. Smith,

M.D., George A. Troxell, M.D., Walter Burrier, M.D.,

Herbert W. Shaw, D.D.S.

MEDFIELD STATE ASYLUM (opened 1896) — *Concluded.*

Treasurer, Chas. C. Blaney.

Steward, Louis A. Hall.

Visiting days, Tuesdays and Fridays.

Location, Asylum Road, one mile from Medfield Junction railroad station.

GARDNER STATE COLONY (opened 1902): —

Post-office, Gardner; railroad station, East Gardner.

Trustees: Edmund A. Whitman, Cambridge, chairman; Mrs. Amie H. Coes, Worcester, secretary; William H. Baker, M.D., Lynn; John G. Blake, M.D., Boston; George N. Harwood, Barre; Mrs. Alice Miller Spring, Fitchburg; Wilbur F. Whitney, Ashburnham.

Regular meeting, first Friday occurring on or after the fourth day of each month.

Superintendent and treasurer, Chas. T. LaMoure, M.D.

Assistant superintendent, Thomas Littlewood, M.D.

Assistant physician, Gardner N. Cobb, M.D.

Visiting days, every day except Sundays and holidays, from 10 A.M. to 4 P.M. (Sundays and holidays by permission).

Location, Chapel Street, two minutes' walk from East Gardner railroad station.

MONSON STATE HOSPITAL (opened 1898): —

Post-office and railroad station, Palmer (Boston & Albany).

Trustees: William N. Bullard, M.D., Boston, chairman; John Bapst Blake, M.D., Boston, secretary; Edward P. Bagg, Holyoke; Henry P. Jâques, M.D., Lenox; Walter W. Scofield, M.D., Dalton; Mrs. Mabel W. Stedman, Brookline; Mrs. Mary P. Townsley, Springfield.

Regular meeting, first Thursday of each month.

Superintendent, Everett Flood, M.D.

Assistant physicians, Morgan B. Hodskins, M.D., Alden V. Cooper, M.D., Frederick W. Guild, M.D., Edmund S. Douglass, M.D.

Pathologist and research officer, Leland B. Alford.

Assistant superintendent and matron, Children's Colony, Miss Amy C. Clifton.

Field worker, Miss Florence H. Danielson.

Treasurer, Walter E. Hatch.

MONSON STATE HOSPITAL (opened 1898) — *Concluded.*

Steward, Charles F. Simonds.

Visiting days, Tuesdays and Fridays.

Staff meetings, Mondays and Saturdays, at 11.30 A.M.

Location, one mile from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893):—

Trustees: Robert A. Woods, Boston, chairman; William H. Prescott, Boston, secretary; Philip R. Allen, East Walpole; Timothy J. Foley, Worcester; Frank L. Locke, Malden; Edwin Mulready, Rockland; W. Rodman Peabody, Cambridge.

Regular meeting, first Wednesday of each month.

Superintendent and treasurer, Irwin H. Neff, M.D.

Senior assistant physician, Frank H. Carlisle, M.D.

Assistant physician, Edward C. Greene, M.D.

Junior assistant physician, Fred Porter Moore, M.D.

Physician to Out-patient Department, John A. Horgan, M.D., Boston.

Steward, Nelson Crosskill.

Visiting days, every day excepting legal holidays.

Staff meetings, Mondays, Wednesdays and Fridays, at 11 A.M.

Location, Chestnut Street, one mile from Foxborough Station (New York, New Haven & Hartford).

Out-patient Department, 28 Court Square, Boston.

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post-office, Tewksbury; railroad stations, Tewksbury (Western Division, Boston & Maine), Tewksbury Junction and Salem Junction (Southern Division, Boston & Maine).

Trustees: John B. Tivnan, Salem, chairman; Rev. Payson W. Lyman, Fall River, secretary; Leonard Huntress, M.D., Lowell; Emery M. Low, Brockton; Mrs. Anna F. Prescott, Boston; Joseph A. Smart, Andover; Helen R. Smith, Newton Center.

Regular meeting, usually during last week of month, alternately at State Infirmary and State Farm.

Superintendent, John H. Nichols, M.D.

Assistant superintendent and physician, George A. Peirce, M.D.

First assistant physician, Howard F. Holmes, M.D.

MENTAL WARDS, STATE INFIRMARY (opened 1866) — *Concluded.*

Assistant physicians, Alfred J. Roach, M.D., Sherman Perry, M.D., Howard K. Tuttle, M.D., Harry R. Coburn, M.D., Walter H. Crosby, M.D., Anna E. Barker, M.D., Hanford Carvell, M.D., Thomas V. Uniac, M.D., Frederick M. Hollister, M.D., Dennis Black, M.D., Charles L. Trickey, M.D.

Internes, John C. Lindsay, M.D., George McLeod Waldie, M.D., Henry A. White, M.D., Benjamin E. Sanborn, M.D., P. L. Harvie, M.D., W. L. Quennell, M.D., E. V. Jones, M.D., Alphonse J. Peter, M.D., Earle C. Willoughby, M.D.

Visiting days, every day except Sundays and holidays, from 10 A.M. to 4 P.M.

Staff meetings, Mondays, at 1.30 P.M. and 7 P.M.

Location, about one-half mile from railroad station and from electric cars.

Coach from infirmary meets almost every train.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post-office, State Farm; railroad station, Titicut (New York, New Haven & Hartford).

Trustees: trustees of State Infirmary and State Farm.

Medical director, Ernest B. Emerson, M.D.

Assistant physicians, Leonard A. Baker, M.D., John H. Weller, M.D.

Visiting days, every day except Sundays.

Staff meetings, usually daily, at 11 A.M.

Location, one-quarter mile from railroad station.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM (opened 1848): —

Post-office and railroad station, Waverley (Boston & Maine).

Trustees appointed by the Governor: William W. Swan, Brookline, president; Francis J. Barnes, M.D., Cambridge; Mrs. Luann L. Brackett, Newton; Thomas W. Davis, Boston; Felix Gatineau, Southbridge; Edmund M. Wheelwright, Boston.

Trustees appointed by the corporation: Frank G. Wheatley, M.D., North Abington, vice-president; Charles E. Ware, Fitchburg, secretary; Chas. Francis Adams, 2d, Concord; Frederick P. Fish, Brookline; Joseph B. Warner, Boston; Stephen M. Weld, Dedham.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM
(opened 1848) — *Concluded.*

Quarterly meeting, second Thursday of October, January, April and July.

Superintendent, Walter E. Fernald, M.D.

Assistant physicians, Frederic J. Russell, M.D., Annie M. Wallace, M.D., Edith Woodill, M.D., Jonathan H. Ranney, M.D., Herbert Lawrence, M.D.

Treasurer, Richard C. Humphreys.

Visiting days, Wednesday, Thursday and Saturday afternoons.

Staff meetings, daily, at 9 A.M.

Location, near Clematis Brook station (Fitchburg Division, Boston & Maine); about one mile from Waverley Station (Fitchburg Division and Massachusetts Central Division, Boston & Maine).

WRENTHAM STATE SCHOOL (opened 1907): —

Post-office and railroad station, Wrentham.

Trustees: Ellerton James, Milton, secretary; Patrick J. Lynch, Beverly; George W. Gay, M.D., Newton; Susanna W. Berry, Lynn; Mary Stewart Scott, West Somerville; Harry T. Hayward, Franklin.

Regular meeting, second Thursday of each month.

Superintendent and treasurer, George L. Wallace, M.D.

Assistant physician, Franklin H. Perkins, M.D.

Visiting days, every day. Permits will be required for visiting on Sundays and holidays.

Location, Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford).

THE HOSPITAL COTTAGES FOR CHILDREN, BALDWINVILLE (opened 1882): —

President, Herbert S. Morley, Baldwinville, clerk; Robert N. Wallis, Fitchburg.

Trustees appointed by the Governor: George B. Dewson, Cohasset; Jenness K. Dexter, Springfield; Mrs. William W. Doherty, Boston; Arthur H. Lowe, Fitchburg; Herbert S. Morley, Baldwinville.

THE HOSPITAL COTTAGES FOR CHILDREN, BALDWINVILLE (opened 1882) — *Concluded.*

Trustees appointed by the corporation: John M. Bemis, M.D., Worcester; Mrs. James B. Case, Boston; Mrs. Edward L. Greene, Lancaster; Mrs. George Heywood, Gardner; Rev. J. S. Lemon, Gardner; Mrs. Winslow S. Lincoln, Worcester; Mrs. Geo. T. Plunkett, Hinsdale; Frederick W. Russell, M.D., Winchendon; Frederick P. Stone, Otter River; Frederic A. Turner, Jr., Boston; Gilman Waite, Baldwinville; Robert N. Wallis, Fitchburg; Mrs. Sarah E. Whitin, Whitinsville.

Quarterly meeting, third Wednesday of January, April and July, and second Wednesday of October.

Superintendent, Hartstein W. Page, M.D.

Assistant physicians, Mildred A. Libby, M.D., L. Maude Warren, M.D.

Treasurer, George L. Clark.

Visiting days, every day except Sundays.

Location, Hospital Street, one mile from railroad station (Ware River Branch, Boston & Albany, and Boston & Maine).

PRIVATE.

McLEAN HOSPITAL (opened 1818): —

Department of Massachusetts General Hospital Corporation; post-office and railroad station, Waverley (Boston & Maine).

President, Francis C. Lowell, Boston; treasurer, C. H. W. Foster, Needham; secretary, John A. Blanchard, Boston.

Trustees appointed by the Governor: Henry S. Howe, Boston; Henry S. Hunnewell, Wellesley; David P. Kimball, Boston; Charles P. Greenough, Boston.

Trustees appointed by the corporation; Henry P. Walcott, M.D., Boston, chairman; Francis H. Appleton, Boston; Nathaniel T. Kidder, Boston; C. H. W. Foster, Needham; John Lowell, Boston; George Wigglesworth, Boston; Moses Williams, Boston; Francis L. Higginson, Boston.

Regular meeting, usually at New England Trust Company of Boston, on Friday, at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent, George T. Tuttle, M.D.

First assistant physician, Frederick H. Packard, M.D.

Second Assistant Physician, Earl D. Bond, M.D.

Assistant physician and pathologist, E. Stanley Abbott, M.D.

McLEAN HOSPITAL (opened 1818) — *Concluded.*

Assistant in pathological chemistry, Charles C. Erdmann, A.B.

Assistant in pathological psychology, F. Lyman Wells, Ph.D.

Junior assistant physicians, Edmund M. Pease, M.D., Clarence M. Kelley, M.D., Henning V. Hendricks, M.D.

Visiting days, week days.

Staff meetings, regularly, Tuesdays, at 8.30 A.M.; irregularly on other days, at the same hour.

Location, Pleasant Street, one-third mile from railroad station.

BOURNEWOOD, Henry R. Stedman, M.D., South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford). Fifteen minutes' walk. Carriage by previous arrangement.

CHANNING SANITARIUM, Walter Channing, M.D., Brookline. Railroad station, Reservoir (Boston & Albany) carriage. Or Chestnut Hill street car to Chestnut Hill Avenue.

NORWOOD PRIVATE HOSPITAL FOR MENTAL DISEASE.

Eben C. Norton, M.D. Post-office, Norwood; railroad station, Norwood Central (New York, New Haven & Hartford).

PINE TERRACE, W. F. Robie, M.D., Baldwinville (Fitchburg Division Boston & Maine). Three minutes' walk from station.

HERBERT HALL HOSPITAL, John Merrick Bemis, M.D., Salisbury Street, Worcester. Salisbury Street electric cars from City Hall Square.

NEWTON SANATORIUM, N. Emmons Paine, M.D., West Newton. Carriage. Or Newton Boulevard street car to Washington Street.

WELLESLEY NERVINE, Edward H. Wiswall, M.D., Washington Street, Wellesley.

LOCUST GROVE ASYLUM, Miss Alice R. Cooke; medical director, George E. White, M.D., Sandwich. Carriage.

DR. RING'S SANATORIUM, Allan Mott Ring, M.D., Arlington Heights. Carriage.

FRAMINGHAM NERVINE, Ellen L. Keith, M.D., Winter Street, Framingham.

PRIVATE HOSPITAL, J. F. Edgerly, M.D., 1 Mt. Vernon Terrace, Newtonville.

HIGHLAND HALL, Samuel L. Eaton, M.D., 340 Lake Avenue, Newton Highlands.

DR. REEVES' NERVINE, Harriet E. Reeves, M.D., 283 Vinton Street, Melrose Highlands.

PRIVATE HOSPITAL, George B. Coon, M.D., East Walpole (Wrentham Branch, New York, New Haven & Hartford, or Norwood Central trains and electrics).

WHEELER SANITARIUM, Mrs. Maria H. Paul, 32 Copeland Street, Roxbury. Elevated to Dudley Street; Warren Street car.

ARLINGTON HEALTH RESORT, Arthur H. Ring, M.D., Arlington Heights. Carriage.

PRIVATE HOSPITAL, Edward B. Lane, M.D., Wellesley. Address, 419 Boylston Street, Boston.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D., Barre (Southern Division, Boston & Maine).

PRIVATE HOSPITAL, H. N. Archibald, M.D. Post-office, Cheshire (Boston & Albany to Pittsfield or North Adams). Electrics to Cheshire.

PRIVATE HOSPITAL, Henry C. Baldwin, M.D., Wareham (Old Colony Division, New York, New Haven & Hartford). Carriage.

NEWTON NERVINE, Edward Mellus, M.D., West Newton. Carriage. Or Newton Boulevard street car to Washington Street.

GLENSIDE, Mabel D. Ordway, M.D., 71 Glen Road, Jamaica Plain.

CONECROFT, Robert T. Edes, M.D., 340 Summer Avenue, Reading
(Portland Division, Boston & Maine). Carriage.

TERRACE HOME SCHOOL, Miss F. J. Herrick, Amherst (Central Massa-
chusetts Branch, Boston & Maine). Carriage.

CHARLES B. TOWNS HOSPITAL, 106 Sewell Avenue, Brookline. Gen-
eral manager, Chas. D. B. Fisk.

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